2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P03000118044 1. Entity Name BRUCE FALCO CARPENTRY, INC. Principal Place of Business Mailing Address **567 MONTCLAIR AVE** 567 MONTCLAIR AVE **ORANGE CITY, FL 32763 ORANGE CITY, FL 32763** No Chg-P 04262006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2415367 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FALCO, BRUCE DO NOT WRITE 567 MONTCLAIR AVE ORANGE CITY, FL 32763 IN THIS SPACE 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 UNDERNOS4 7639 Trust Fund Contribution. Added to Fees 05/12/06-20033-001 150.00 10. OFFICERS AND DIRECTORS PVST TELLE NAME FALCO, BRUCE STREET ADDRESS 567 MONTCLAIR AVENUE CATY-ST-ZP **ORANGE CITY, FL 32763** TITLE NAME STREET ADDRESS CITY-57-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE BILE MARIE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP me

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; Itaal I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED