

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 |                                                                      |                                                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P03000121633</b><br>1. Entity Name<br><b>EXTREME CARPENTRY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                 |                                                                      |                                  |                                                                   |
| Principal Place of Business<br><b>6990 RANCHERO COURT<br/>ST. CLOUD FL 34771</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                 | Mailing Address<br><b>6990 RANCHERO COURT<br/>ST. CLOUD FL 34771</b> |                                                                                                                   |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                            |                                                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                 | City & State                                                         |                                                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | Country                         |                                                                      | 4. FEI Number <b>20-0427113</b>                                                                                   |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                 |                                                                      | Applied For<br>Not Applicable                                                                                     |                                                                   |
| 5. Name and Address of Current Registered Agent<br><br><b>ZEULI, TONY<br/>6990 RANCHERO COURT<br/>ST. CLOUD FL 34771</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                 |                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                   |
| 8. 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                 |                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                               |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and location of principal office</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                 |                                                                      | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 |                                                                      | <b>\$5.00 May Be Added to Fees</b>                                                                                |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                 |                                                                      | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                      |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P                    | <input type="checkbox"/> Delete | TITLE                                                                | 000000416205<br>02/13/06-80006-003 150.00                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ZEULI, TONY          |                                 | NAME                                                                 |                                                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6990 RANCHERO CT     |                                 | STREET ADDRESS                                                       |                                                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAINT CLOUD FL 34771 |                                 | CITY-ST-ZIP                                                          |                                                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S                    | <input type="checkbox"/> Delete | TITLE                                                                |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ZEULI, TONY          |                                 | NAME                                                                 |                                                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6990 RANCHERO CT     |                                 | STREET ADDRESS                                                       |                                                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAINT CLOUD FL 34771 |                                 | CITY-ST-ZIP                                                          |                                                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T                    | <input type="checkbox"/> Delete | TITLE                                                                |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ZEULI, TONY          |                                 | NAME                                                                 |                                                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6990 RANCHERO CT     |                                 | STREET ADDRESS                                                       |                                                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAINT CLOUD FL 34771 |                                 | CITY-ST-ZIP                                                          |                                                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                    | <input type="checkbox"/> Delete | TITLE                                                                |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ZEULI, TONY          |                                 | NAME                                                                 |                                                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6990 RANCHERO CT     |                                 | STREET ADDRESS                                                       |                                                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAINT CLOUD FL 34771 |                                 | CITY-ST-ZIP                                                          |                                                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete | TITLE                                                                |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 | NAME                                                                 |                                                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | STREET ADDRESS                                                       |                                                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 | CITY-ST-ZIP                                                          |                                                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete | TITLE                                                                |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 | NAME                                                                 |                                                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | STREET ADDRESS                                                       |                                                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 | CITY-ST-ZIP                                                          |                                                                                                                   |                                                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if made under oath, that 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. |                      |                                 |                                                                      |                                                                                                                   |                                                                   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                 |                                                                      |                                                                                                                   |                                                                   |