2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # P03000124718 1. Entity Name MAINE YANKEE WOODWORKER, INC.				tary of State	
Principal Place of Business Mailing Address 7245 18 ST VERO BCH, FL 32966 VERO BCH, FL 32966				T INTERPOL SH BEHAR HIKK BERK BORK BREAK KKAL KKAL K	TA BILBAN TOBBEN NUBEN DENBEM AL ANDER
DO NOT WRITE IN THIS SPACE				03052005 No Chg-P CR2E034 (10/03) 4. FEI Number	
6. Name and Address of Current Registered Agent CARTER, RALPH H 7245 18TH ST VERO BCH, FL 32966			DO NOT WRITE IN THIS SPACE		
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CARTER, RALPH H 7245 18TH ST. VERO BCH, FL 32966	ORS			
TITLE NAME STREET ADDRĒSS CITY-ST-ZIP				V0000029759 04/04/05-80072	6 -013 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
of the cor	certify that the information supplied with this filling on this report or supplemental report is true and poration or the receiver or trustee empowered to or on an attachment with an address, with all of	execute this report as requir	nption stated in Sec ure shall have the s ed by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further same legal effect as if made under oath, that	certify that the information I am an officer or director is in Block 10 or Block 11 if