2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000128350 1. Enlity Name ROSS CARPENTRY INC.			(ale.)		FIL.ED 06 AUG -2 PM 2: 27				
Principat Place of Business 726 SPIRAL GARDEN WAY TALLAHASSEE, FL 32305 Mailing Address 726 SPIRAL GARDEN WAY TALLAHASSEE, FL 32305					SE TAL	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1 :	PIRAL GARDEN WAY #, etc.	3. Mailing Address 3842 TM A GINARY RP Suite, Apt. #, etc.			08022006 Chg-P CR2E034 (11/05)				
Zip	ACLAHASSEE FL Country	Cliv & State TALLANA SSes FL Zip Country			FEI Numb 06-171 5. Certificate			No 3.75 Add	
32305 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSS, KENNETH A 726 SPIRAL GARDEN WAY TALLAHASSEE, FL 32305 Street Address (P.O. Box Number is Not Acceptable) 3842 ImAE/NANY RD City TALLAHASSEC FL Zip Code 3230									
the obligat	named entity submits this statement to ions of registered agent. Signature, typed or printed name of registered agent. LE NOW!!! FEE IS \$150.00 ue by September 6, 2006		TE: Registered Ag Lign Financin	office or regis	.,	In accordance corporation dic	DATE with s. 607.19	iliar with,	=.S., the
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND DI	RECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, KENNETH A 726 SPIRAL GARDEN WAY TALLAHASSEE, FL 32305	☐ Delete	TITLE NAME STREET A CITY-ST-	ADDRESS 38	NHETH A M 142 IMA G TAWA H	INANY RD] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORCE, PAUL 9073 WARBLER ST TALLAHASSEE, FL 32305			address - Zip		000784 3/0601028) Change L ∈: *150.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ - 50.10		TITLE NAME STREET A CITY-ST-					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET A CITY-ST-) Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-) Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that a owered to execute this report	my signature t as required	shall have th	e same legal effe	ct as if made under	oath; that I am a	an officer o	or director
SIGNAT	URE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	No SS OR DIRECTOR	8/	02/06	Date	750-766 Daysin	2531	<u> </u>