

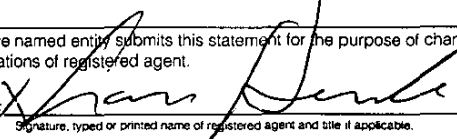
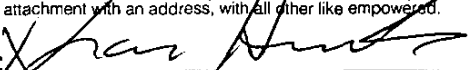


**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

50000

<b>DOCUMENT # P03000133298</b>						01-23-2006 90122 049 ***150.00	
1. Entity Name <b>LARRY'S FRAMING, INC.</b>							
Principal Place of Business <b>459 SW BUTZER DR LAKE CITY, FL 32024</b>			Mailing Address <b>459 SW BUTZER DR LAKE CITY, FL 32024</b>			<b>40000</b>	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182006 Chg-P CR2E034 (11/05)	
City & State			City & State			4. FEI Number <b>57-1193721</b>	
Zip		Country	Zip		Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
<b>HASSEBROEK, LARRY RT 14 BOX 423 LAKE CITY, FL 32024</b>					Name		
					Street Address (P.O. Box Number is Not Acceptable) <b>459 SW Butzer Drive</b>		
					<b>LAKE CITY FL 32024</b>		
					City		FL
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 				DATE <b>1/18/2006</b>			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HASSEBROEK, LARRY</b>			NAME			
STREET ADDRESS	<b>459 SW BUTZER DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE CITY, FL 32024</b>			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HASSEBROEK, DEREK JAMES</b>			NAME			
STREET ADDRESS	<b>459 SW BUTZER DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE CITY, FL 32024</b>			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HASSEBROEK, JARRID SCOTT</b>			NAME			
STREET ADDRESS	<b>459 SE BUTZER DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE CITY, FL 32024</b>			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			
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 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 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.							
SIGNATURE: 				DATE <b>1/18/2006</b>			<b>352-379-788</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			