2006 FOR PROFIT CORPORATION

Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000141290** 04-10-2006 90289 022 ***150.00 WILLIAM MOORE CARPENTRY, INC. Principal Place of Business Mailing Address 71 MITCHEL D ROAD 71 MITCHEL D. ROAD 60025729 HAMES CITY,, FL 33844 HAMES CITY, FL 33844 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Strite, Apt. #, etc. 03272006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 57-1189022 Not Applicable Zip Country Country Zιο \$8.75 Additional 5. Certificate of Status Desired 0 6. Name and Address of Current Registered Age 7. Hame and Address of New Registered Agent MONK, BRENDA Street Address (P.O. Box Number is Not Acceptable) 71 MITCHEL D ROAD HAINES CITY, FL 33844 City Zip Code 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or priving name of registered agent and title if applicable. re required when ministring) (MGTE: Registered Agent signals FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaigo Financing \$5.00 May Be Added to Fees Torret Franci Contribution 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TILE Addition Change MOORE, WILLIAM R MALE 215 STREET ADDRESS 71 MITCHELL D ROAD STREET ADDRESS CITY-ST-7P HAINES CITY, FL 33844 CTY-ST-7P VP TITLE C Outer THE Change Addition MOORE, WILLAIM R NUME STREET ADDRESS 71 MITCHELL D ROAD STREET ANDRESS CITY-ST-ZIP HAINES CITY, FL 33844 DIY-SI-ZP October ☐ Change ☐ Addition NAME MOORE, WILLIAM R **414** STREET ADDRESS 71 MITCHELL D ROAD SZERECIA L'ESSICA CITY-ST-ZIP HAINES CITY, FL 33844 CIY-SI-ZP TITLE C Contains TILE Change ☐ Addition NAME STREET ANDRESS STREET ACCORESS CITY-ST-ZIP CITY-SI-ZIP TITLE O Delete TITLE ☐ Change ☐ Addition NAME SHIP. STREET ADDRESS STREET ADDRESS v CITY-ST-ZIP C214-62-30 TITLE ☐ Deteat MLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ACCURESS.

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.

CITY-ST-ZP

SIGNATURE: when there

363-557-4396 4-6-06

FILED