2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

Apr 19, 2006 8:00 am Secretary of State **DOCUMENT # P03000141316** 04-19-2006 90106 004 ***150.00 ROBBIE GREEN CARPENTRY INC. Principal Place of Business Mailing Address 3807 FRUIT LOOP CIR. 3807 FRUIT LOOP CIR. KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 50013673 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 43-2036074 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, BOBBIE Street Address (P.O. Box Number is Not Acceptable) 3807 FRUIT LOOP CIR. KISSIMMEE, FL 34741 City Zip Code 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 neme of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition Delete TITLE TITLE GREEN, ROBBIE NAME NAME 3807 S FRUIT LOOP CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE, FL. 34747 Addition 0/1090 Shareholder Change O TOTO STREET COLOC ☐ Defete TITLE Aichard motes 1409 w Datrick Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Kissimmee FL 3441 CITY-ST-ZIP 0/10% Shareholder **✓** Addition ☐ Change TITLE oftoto Stare Tolde Delete TITLE Craig Gregory 2600 W. Patrick St NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete шп TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C(TY-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 a profile like empowered.

NTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED