2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148807

Entity Name: MIKE DASILVA CARPENTRY, INC.

FILED Apr 03, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

802 ABBOTT AVE. 342 DECARLO DR. DELTONA, FL 32725 DELTONA, FL 32725

Current Mailing Address: New Mailing Address:

802 ABBOTT AVE. 342 DECARLO DR. DELTONA, FL 32725 DELTONA, FL 32725

FEI Number: 20-0457371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DASILVA, MICHAEL P
802 ABBOTT AVE.
DELTONA, FL 32725 US
DASILVA, MICHAEL P
342 DECARLO DR.
DELTONA, FL 32725 US

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.

SIGNATURE: MICHAEL DASILVA 04/03/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P () Delete Title: P (X) Change () Addition

 Name:
 DASILVA, MICHAEL P
 Name:
 DASILVA, MICHAEL P

 Address:
 802 ABBOTT AVE.
 Address:
 342 DECARLO DR.

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:
 DELTONA, FL 32725

 Name:
 DASILVA, RANDY T
 Name:
 DASILVA, RANDY T

 Address:
 802 ABBOTT AVE.
 Address:
 888 HIGGINS DR.

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:
 DELTONA, FL 32738

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 DASILVA, RANDY T
 Name:
 DASILVA, RANDY T

 Address:
 802 ABBOTT AVE.
 Address:
 888 HIGGINS DR.

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:
 DELTONA, FL 32738

Title: TRE () Delete Title: TRE (X) Change () Addition

 Name:
 DASILVA, MICHAEL P
 Name:
 DASILVA, MICHAEL P

 Address:
 802 ABBOTT AVE.
 Address:
 342 DECARLO DR.

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:
 DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DASILVA PRES 04/03/2006