


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90026 008 ***158.75

DOCUMENT # P04000003490	
1. Entity Name DON'S CARPENTRY & REPAIR, INC.	

Principal Place of Business 435 S. RIDGEWOOD AVE. #210 DAYTONA BEACH, FL 32114	Mailing Address 435 S. RIDGEWOOD AVE. #210 DAYTONA BEACH, FL 32114
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Change To	
2. Principal Place of Business 229 Rambler Rd	3. Mailing Address 229 Rambler Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Daytona Beach FL	City & State Daytona Beach FL
Zip 32117	Zip 32117
Country USA	Country USA



05122005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SMITH, DONALD E 229 RAMBLER ROAD DAYTONA BEACH, FL 32117		7. Name and Address of New Registered Agent Name Don Smith Street Address (P.O. Box Number is Not Acceptable) 229 Rambler Rd City Daytona Beach FL Zip Code 32117	
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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: **Donald E. Smith** DATE: **5-15-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P-T Donald E. Smith 229 Rambler Rd. Daytona Beach FL 32117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P-T Donald E. Smith 229 Rambler Rd Daytona Beach FL 32117	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Donald E. Smith** Date: **5-15-05** Daytime Phone #: **386-258-7912**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR