

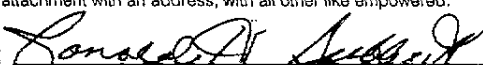


FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000004890 1. Entity Name RONALD SUBBERT TRIM CARPENTRY, INC.				May 11, 2006 08:00 A Secretary of State		
Principal Place of Business 6366 FORESTWOOD DRIVE E LAKELAND, FL 33811		Mailing Address 6366 FORESTWOOD DRIVE E LAKELAND, FL 33811				
DO NOT WRITE IN THIS SPACE						
				05082006 No Chg-P CR2E034 (11/05)		
		4. FEI Number 86-1091615		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent SUBBERT, RONALD 6366 FORESTWOOD DRIVE E LAKELAND, FL 33811		DO NOT WRITE IN THIS SPACE				
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>						
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		<div>UD00000563985 05/20/06-80035-006 150.00</div> DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SUBBERT, RONALD 6366 FORESTWOOD DRIVE E LAKELAND, FL 33811					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SUBBERT, SANDRA J 6366 FORESTWOOD DRIVE E LAKELAND, FL 33811					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ronald Subbert President 5/10/06 863644 2294 Date Daytime Phone #				