

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90030 047 \*\*\*150.00

<b>DOCUMENT # P04000014114</b> 1. Entity Name <b>CARPENTRY EXCELLENCE INC.</b>			
Principal Place of Business <b>202 LAKE PLACE PANAMA CITY BEACH, FL 32413</b>		Mailing Address <b>202 LAKE PLACE PANAMA CITY BEACH, FL 32413</b>	
2. Principal Place of Business <b>7135 Beachwood Blvd</b>		3. Mailing Address <b>7135 Beachwood Blvd</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Panama City Beach FL</b>		City & State <b>Panama City Beach FL</b>	
Zip <b>32407</b>		Zip <b>32407</b>	
Country 		Country 	
4. FEI Number <b>05-0597460</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEGAL ZOOM NEVADA, INC. 111 N.E. FIRST STREET SUITE 901 MIAMI, FL 33132</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Sarah Kofoed, A.SEC., Legalzoom Nevada, Inc.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1-22-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HANNAH, RALPH 202 LAKE PLACE PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES FERRELL, DUSTY 202 LAKE PLACE PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Dusty Ferrell, Tres, Dusty Jenele</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-22-06</u> Daytime Phone # <u>850-774-0511</u>	