2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0400014114 1. Entity Name CARPENTRY EXCELLENCE INC.							Secretary of State 01-25-2006 90030 047 ***150.00				
Principal Place	e of Business	Ma	ailing Address			\neg					
202 LAKE PLACE PANAMA CITY BEACH, FL 32413 202 LAKE PLACE PANAMA CITY BEACH, I				L 3241	3		•				
2. Principal Pi	lace of Business 151001WOOL	3)vit	Mailing Address Blo	achi	wood	Bud					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01	222006	Chg-P	CR2	034 (11/05)	
Panany	a City Black t	LA	City & State Mama Cty	Ви	ch F	<u>'</u>	FEI Numbe 05-059			No	oplied For of Applicable
⁴ 324	Country	['	32407	Countr	ry	5.	Certificate	of Status De	sired 🔲	\$8.75 Add Fee Require	
	6. Name and Address of Cur	rent Regis	itered Agent			7.	Name and	Address of	New Registere	d Agent	
LEGAL ZOOM NEVADA, INC. 111 N.E. FIRST STREET					Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 901 MIAMI, FL				ſ				· · ·			
				Ī	City				F	L Zip Cod	е
	named entity submits this stateme	ent for the p	purpose of changing its	registere	d office or reg	gistered aç	gent, or bo	th, in the Stat	e of Florida. I a	m familiar with,	and accept
the obligati	ions of registered agent.	1 0-			A1.						
SIGNATURE SOCIAL KOFOID, A. SEC., LEGALZOON NEVADA, INC. 1-22-06 Signature, typed or printed name of registeded agent and title if applicable. J (NOTE: Registered Agent alguature required which remaintaing) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.					cing	\$5.00 (Added to					
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12. I hereby certify that the information supplied with this filling 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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
SIGNATURE: DUSTO FRIVELL, Tres, Questo	Jenell	1-22-06 0511
Changes, or on an attachment with the address, with all biller like cripowered.	₹// \ ¬¬~	