2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 14, 2006 08:00 Al Secretary of State DOCUMENT # P04000021914 DON BITTEL CARPENTRY, INCORPORATED Principal Place of Business Mailing Address 3227 SW REILLEY AVE 3227 SW REILLEY AVE PALM CITY, FL 34990 PALM CITY, FL 34990 03102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied 1 4. FEI Number 04-3784571 Not App" \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BITTEL, DON DO NOT WRITE 3227 SW REILLEY AVE PALM CITY, FL 34990 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 account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of SIGNATURE ture, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TOLE NAME BITTEL, DON STREET ADDRESS 3227 SW REILLEY AVE CITY-ST-ZIP PALM CITY, FL 34990 IITLE NAME 000000510061 04/28/06-80069-010 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 direct 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP