2008; FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 01, 2008 08:00 AN DOCUMENT # P04000024683 **Secretary of State** 1. Entity Name DON CARTER CARPENTRY INC. Principal Place of Business Mailing Address 3418 SW 162ND ST 3418 SW 162ND ST ARCHER FL 32618 ARCHER FL 32618 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 11-3712758 Not Applicable Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zio Cade 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 an familiar with, and accept the obligations of registered agent. Signature, typed or microdinamic of registered agent and the Hamplication (NOTE: Registered Agoni signature required when remetating) DATE FILE NOW!!! FEE!IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. 1 🔲 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** De-ete THEF Change Addition NAME CARTER, DONALD J NAME STREET ADDRESS 3418 SW 162ND ST STREET ADDRESS ARCHER FL 32618 CITY-ST-ZIP CITY+ST-7IP TITLE. TITLE ☐ Change De ete Addition N/ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 02712708-80022-012 d50mg00 🗆 Addition mu De ete NAME STREET ADDRESS STREET ADDRESS CITY-ST-209 DITY-ST-ZIP HILE ☐ Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIP THLE De ele THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-SI-ZIP TIT: F ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY+ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 efficer 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.

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SIGNATURE: