2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P04000042058

Entity Name: BILL LICAUSI CARPENTRY, INC.

Current Principal Place of Business:

8778 SE SHARON STREET
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1259
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 20-0917994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LICAUSI, WILLIAM III
P.O. BOX 1259
HOBE SOUND, FL 33475 US

Name and Address of New Registered Agent:

LICAUSI, WILLIAM III
8778 SE SHARON ST
HOBE SOUND, FL 33455 US

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.

SIGNATURE: _____ 04/25/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LICAUSI, WILLIAM III
Address: P.O. BOX 1259
City-St-Zip: HOBE SOUND, FL 33475 US

Title: VP ( ) Delete
Name: LICAUSI, JAMIE LEA
Address: P O BOX 1259
City-St-Zip: HOBE SOUND, FL 334751259 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LICAUSI III P 04/25/2007
Electronic Signature of Signing Officer or Director — Date