

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000049527 1. Entity Name CHARLES CARPENTER HOMES, INC.				FL DIVISION OF CORPORATIONS 06 MAY 19 AM 8:43	
Principal Place of Business 693 CARIBBEAN ROAD SATELLITE BEACH, FL 32937		Mailing Address 693 CARIBBEAN ROAD SATELLITE BEACH, FL 32937			
2. Principal Place of Business 2825 BUSINESS CENTER BLVD		3. Mailing Address 2825 BUSINESS CENTER BLVD			
Suite, Apt. #, etc. SUITE A-4		Suite, Apt. #, etc. SUITE A-4			
City & State MELBOURNE, FL		City & State MELBOURNE, FL		05162006 Chg-P CR2E034 (11/05)	
Zip 32940		Country USA		4. FEI Number 20-0943006	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARPENTER, CHARLES E 693 CARIBBEAN ROAD SATELLITE BEACH, FL 32937			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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>Charles E. Carpenter</u> CHARLES E. CARPENTER PRES. <u>5/16/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTER, CHARLES E <input type="checkbox"/> Delete 693 CARIBBEAN ROAD SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARPENTER, CHARLES E. II 1710 N. HWY A1A INDIALANTIC, FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARPENTER, COLLEN C <input type="checkbox"/> Delete 693 CARIBBEAN ROAD SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Charles E. Carpenter</u> CHARLES E. CARPENTER PRESIDENT <u>5/16/06</u> <u>321-254-1409</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			100076388501 06/20/06--01050--004 **61.25		