


**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90100 030 \*\*\*150.00

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P04000055612</b>			
1. Entity Name <b>THE CARPENTER'S HELPERS, INC.</b>			
Principal Place of Business <b>545 TALL OAKS TERR LONGWOOD, FL 32750</b>		Mailing Address <b>545 TALL OAKS TERR LONGWOOD, FL 32750</b>	
2. Principal Place of Business		3. Mailing Address	
Suite Apt. # etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BUSICK, LARRY 545 TALL OAKS TERR LONGWOOD, FL 32750</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)</small>			
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HALE, LUTHER 6814 PLYMOUTH SORRENTO ROAD ALTOONA, FL 32702</b>	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HALE, NATHAN 30200 WEKIVA RIVER ROAD SORRENTO, FL 32776</b>	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HALA, TERRI 6614 PLYMOUTH SORRENTO ROAD APOPKA, FL 32712</b>	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BUSICK, LARRY 545 TALL OAKS TERRACE LONGWOOD, FL 32750</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '05</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MICHAEL CAMARA 1004 SAND PAPER RD APOPKA, FL 32703</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHRISTOPHER POTWIER 5276 MT. PLYMOUTH RD APOPKA, FL 32704</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ch # 5722</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 line employees.			
SIGNATURE: <u>Larry Busick</u> <b>LARRY BUSICK</b>		Date: <b>4-30-06</b>	Daytime Phone: <b>407-948-4844</b>

**60037821**



04272006 Chg-P CR2E034 (11/05)

4. FEI Number **71-0955608** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**FL** Zip Code