

**- 2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P04000114857						FILED 05 SEP 12 PM 4:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name DUKE'S FRAMING, INC.				Principal Place of Business 100 SUNSET WAY FRUITLAND PARK, FL 34731 US			
Mailing Address 100 SUNSET WAY FRUITLAND PARK, FL 34731 US				2. Principal Place of Business			
3. Mailing Address				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-1795714				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HERNANDEZ, MANUEL 100 SUNSET WAY FRUITLAND PARK, FL 34731				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing <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 HERNANDEZ, MANUEL 100 SUNSET WAY FRUITLAND PARK, FL 34731			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO HERNANDEZ, RHONDA 100 SUNSET WAY FRUITLAND PARK, FL 34731		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD YBARRA, ARMONDO 100 SUNSET WAY FRUITLAND PARK, FL 34731			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000059739870 09/19/05--01039--021 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD THOMASON, FARRAL D 100 SUNSET WAY FRUITLAND PARK, FL 34731			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 exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/31/05 -- (352) 303-5677 <small>Date Daytime Phone #</small>			