2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000120527

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FILED Feb 10, 2006 8:00 am Secretary of State

Principal Place of Business 2635 YOR AVE 270 ROBERT D. ROYSTON, R., ESQ. P.O. DEWIRE ROZES FORT MITES, T. 33905 2. Principal Place of Business Sure, Apr. 4, etc. S	1. Entity Name ISLAND CUSTOM CARPENTRY, INC.							02-10-2006 9	0033 03	4 ***150.0	00	
Suite, Apt. 4, etc. Suite, Apt. 8, etc. 01242006 ChgP CR2E34 (11/05)	2635 YORK AVE.			C/O ROBERT D. ROYSTON, JR., ESQ. P.O. DRAWER 60205				88111 81811 88111 88111 88	NOVINIO INDIA	#181 81116 11811 188	11 8 B i 3 0 1 8 C i	
City & State	2. Principal Place of Business			3. Mailing Address								
20	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01242006	Chg-P	CR2E	34 (11/05)		
S. Certificate Siteus Desired Fee Plaquierd	City & State			City & State						 		
ROYSTON. ROBERT D JR. COSTELLO & ROYSTON 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907 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 Signature Signatu	Zip				Zip Country					Fee Require		
COSTELLO & ROYSTON COSTELLO & ROYSTON 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MME STRET MONES CITY-51-2P FILE NOWILLAMS, W. DAVID STRET MONES CITY-51-2P FILE NOWILLAMS, APRIL M STRET MONES CITY-51-2P FILE IMME STRET MONES CITY-51-2P F	Name and Address of Current Registered Agent											
Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable)	DOVETON	I DODED	T N ID			Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	COSTELLÓ & ROYSTON 12670 NEW BRITTANY BLVD., SUITE 101					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu						City			FI	Zip Cod	e	
TILE NOWILLIAMS, W. DAVID STREET ADDRESS CITY-S1-ZP TILE NAME SIRRET ADDRESS CITY-S1-ZP TILE												
FILE NOW!!: FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees \$5.	the obligations of registered agent.											
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE Signature, typed or printed name of registered agent and utle if applicable. (NOTE Registered Agent signature required when reinstating) DATE											
TITLE	FILE MOVIM FEE 13 \$ 150.00											
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Antereoy decay may the mormation supposed with this immy does not quality 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: 2

M William
ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR