2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140989

Entity Name: FRAMING AMERICA CORPORATION

FILED Aug 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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124 MIRACLE STRIP PKWY SUITE 503 MARY ESTHER, FL 32569

Current Mailing Address: New Mailing Address:

124 MIRACLE STRIP PKWY SUITE 503 MARY ESTHER, FL 32569

FEI Number: 20-1839491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEEKS, PAUL 20 TEMPLE AVENUE WEEKS, PAUL 390 BRIAN CIRCLE

FORT WALTON BEACH, FL 32548 US MARY ESTHER, FL, FL 32569 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: PAUL WEEKS 08/28/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PT (X) Change () Addition

 Name:
 WEEKS, PAUL E II
 Name:
 WEEKS, PAUL E II

 Address:
 20 TEMPLE AVENUE
 Address:
 390 BRIAN CIRCLE

 City-St-Zip:
 FORT WALTON BEACH, FL 32548
 City-St-Zip:
 MARY ESTHER, FL 32569

Title: V () Delete Title: () Change () Addition

 Name:
 MASON TRUST, COREY K
 Name:

 Address:
 629 GAP CREEK DR.
 Address:

 City-St-Zip:
 FT. WALTON BEACH, FL 32548
 City-St-Zip:

Title: T () Delete Title: S (X) Change () Addition

Name: MASON, JAMES E Name: MASON, JAMES E

Address: 124 MIRACLE STRIP PKWY Address: 124 MIRACLE STRIP PKWY

City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL WEEKS P 08/28/2006