2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142937

Entity Name: CIOTTI FRAMING INC.

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5244 MADISON LAKE CIRCLE 5109 HONEYWELL ROAD TAMPA, FL 33619

LOT 45

GIBSONTON, FL 33534

Current Mailing Address: New Mailing Address:

5244 MADISON LAKE CIRCLE 5109 HONEYWELL ROAD TAMPA, FL 33619 LOT 45

GIBSONTON, FL 33534

FEI Number: 83-0409105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CIOTTI, MICHAEL J CIOTTI, MICHAEL J 5244 MADISON LAKE CIRCLE 5109 HÖNEYWELL ROAD TAMPA, FL 33619 LOT 45 GIBSONTON, FL 33534 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: 04/18/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: PRFS (X) Change () Addition

CIOTTI, MICHAEL J Name: Name: CIOTTI, MICHAEL J Address:

5244 MADISON LAKE CIRCLE 5109 HONEYWELL ROAD, LOT 45 Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: GIBSONTON, FL 33534

VΡ Title: VΡ Title: () Delete (X) Change () Addition

Name: BUTLER, JOHN C Name: BUTLER, JOHN C

5244 MADISON LAKE CIRCLE 5109 HONEYWELL ROAD, LOT 45 Address: Address:

TAMPA, FL 33619 TAMPA, FL 33534 City-St-Zip: City-St-Zip:

Title: Title: CFO () Delete CFO (X) Change () Addition KOGER, WILLIAM E Name: KOGER, WILLIAM E Name:

5244 MADISON LAKE CIRCLE 5109 HONEYWELL ROAD, LOT 45 Address: Address:

City-St-Zip: TAMPA, FL 33619 City-St-Zip: GIBSONTON, FL 33534

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: MICHAEL CIOTTI **PRES** 04/18/2006