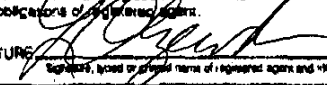


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90295 036 ***158.75

DOCUMENT # P04000143435			
1. Entity Name DND CARPENTRY, INC.			
Principal Place of Business 1491 15TH ST SW NAPLES, FL 34117		Mailing Address 1491 15TH ST SW NAPLES, FL 34117	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. e., etc.		Suite, Apt. e., etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent FELSEN, CHRISTIAN B 3836 TAMPA TRAIL NORTH STE 410 NAPLES, FL 34108		5. Name and Address of New Registered Agent Name LAUKA OLSZEWSKI Street Address (P.O. Box Number is Not Acceptable) 5401 TAYLOR RD, #3 City NAPLES, FL Zip Code 34109	
6. The above named entity certifies 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 4/18/06	
FILE MONTHLY FEE IS \$160.00 After May 1, 2006 Fee will be \$650.00		8. Election Campaign Financing Trust Fund Contribution ☐ \$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	D PIPER, DENISE L 1491 15TH ST SW NAPLES, FL 34117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIPER, WILEY D 1491 15TH ST SW NAPLES, FL 34117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 like empowerments.			
SIGNATURE: Denise Piper, President		DATE: 4/22/06 239-354-0417	