2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 23, 2006 08:00 AM DOCUMENT# P04000152077 Secretary of State DAN'S PROFESSIONAL CARPENTRY INC. Mailing Address Principal Place of Business 117 LITTLE HEWITT LANE 117 LITTLE HEWITT LANE INTERLACHEN, FL 32148 INTERLACHEN, FL 32148 No Chg-P CR2E034 (11/05) 01112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-1856978 \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE MARVONEK, DANNY W 117 LITTLE HEWITT LANE INTERLACHEN, FL 32148 IN THIS SPACE 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 or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MARVONEK, DANNY W NAME STREET ADDRESS 117 LITTLE HEWITT LANE U00000393930 01/25/06-80042-003 150.00 CITY-ST-ZIP INTERLACHEN, FL 32148 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 empowered.

SIGNATURE:

CITY-ST-7IP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone (