
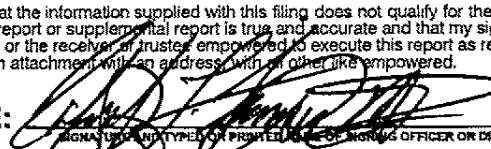


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000156103</b>		
1. Entity Name <b>ME, MYSELF &amp; I FRAMING, INC.</b>		
Principal Place of Business <b>9014 BOLTON AVE LOT 142 HUDSON, FL 34667</b>		Mailing Address <b>PO BOX 531 ELFERS, FL 34680</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TRUMAN, ROBERT L III 9014 BOLTON AVE LOT 142 HUDSON, FL 34667</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TRUMAN, ROBERT L III 9014 BOLTON AVE LOT 142 HUDSON, FL 34667	
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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 or other like empowered.		
SIGNATURE: 		Date: <b>1/28/07</b> Daytime Phone #: <b>627 863-1242</b>



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>57-1218215</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

UN00000616G14  
02/07/07-80035-006 158.75

**DO NOT WRITE  
IN THIS SPACE**