2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90388 047 ***150.00 DOCUMENT # P04000161026 1. Entity Name FOGG FRAME & TRIM, INC. Mailing Address Principal Place of Business 1044 CREWS RD 1044 CREWS RD LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State City & State 59-3797693 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOGG, JEFF Street Address (P.O. Box Number is Not Acceptable) 1044 CREWS RD LAKE PLACID, FL 33852 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DP Change ☐ Addition TITLE ☐ Delete TITLE NAME FOGG, JEFF NAME Fogg, Jeff 1044 CREWS RD STREET ADORESS 1044 Crews Road STREET ADORESS LAKE PLACID, FL 33852 CITY-ST-ZIP Lake Placid, FL 33852 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE DS FOGG, MICHELLE Fogg, Michelle 1044 Crews Road NAME NAME 1044 CREWS RD STREET ADDRESS STREET ADDRESS Lake Placid, FL 33852 CITY-ST-7IP CITY-ST-ZIP LAKE PLACID, FL 33852 ☐ Delete ☐ Change ■ Addition TITLE TITLE

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.

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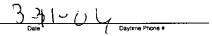
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ME OF SIGNING OFFICER OR DIRECTOR



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