2006 FOR PROFIT CORPORATION

NAME

STREET ADDRESS

CITY-ST-7/P

Feb 03, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P04000163228** 02-03-2006 90001 013 ***150.00 CARPENTRY TILE & MORE, INC. Principal Place of Business Mailing Address 9805 NW 35TH COURT 9805 NW 35TH COURT SUNRISE, FL 33351 SUNRISE, FL 33351 in 3 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01052006 CR2E034 (11/05) Chg-P 4. FE Number Applied For City & State City & State 20-1964141 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWEIGER, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 9805 NW 35TH COURT SUNRISE, FL 33351 City Zip Code 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 signsture required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PS ☐ Change Addition ☐ Delete TITLE SCHWEIGER, STEPHEN M NAME NAME STREET ADDRESS 9805 NW 35TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE, FL 33351 ☐ Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE

FILED

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.

CITY-ST-ZIP

STREET ADDRESS

X1/30/2006 SCHWEIGER