2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

Secretary of State DOCUMENT # P04000165181 06-28-2006 90002 032 ***150.00 1. Entity Name ROYŹBOYZ CARPENTRY, INC. Principal Place of Business Mailing Address 40001.4-**522 WILSON DRIVE 522 WILSON DRIVE** INTERLACHEN, FL 32148 INTERLACHEN, FL 32148 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06222006 Chq-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 20-19 73183 Not Applicable Zip Country Zip 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 THOMAS, MARK A Street Address (P.O. Box Number is Not Acceptable) 522 WILSON DRIVE INTERLACHEN, FL 32148 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 signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES Delete ☐ Addition TITLE ☐ Change TITLE THOMAS, MARK A NAME NAME STREET ADDRESS **522 WILSON DRIVE** STREET ADDRESS INTERLACHEN, FL 32148 CITY-ST-ZIP CITY-ST-ZIP Delete TIPLE ☐ Change ☐ Addition TETLE NAME THOMAS, JAMES R NAME STREET ADDRESS 104 ANSLEY LANE STREET ADDRESS CITY- ST-71P PALATKA, FL 32177 CfTY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Channe Channe ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

IG OFFICER OR DIRECTOR

FILED

Jun 28, 2006 8:00 am