2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # P05000007728 1. Entity Name NOLIN CARPENTRY INC.								04-13-2006 90297 042 ***150.00				
Principal Place	e of Business	Mailing Address							500	1153.	2	
6170A HARBOR ROAD PORT ORANGE, FL 32127			6170A HARBOR ROAD PORT ORANGE, FL 32127									
Principal Place of Business 3. Mailing Address												
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					03232006	Chg-P "	CR2E03	4 (11/05)	
City & State			City & State				4	4. FEI Number	2188450)		olied For Applicable
Zip	Cou	ntry	Zip Coun			try		5. Certificate of	of Status Desired		8.75 Addi	
6. Name and Address of Current Registered Agent							7	7. Name and	Address of New Re	gistered Ag	ent	
NOLIN, TIMOTHY G						Name						
6170A HARBOR ROAD PORT ORANGE, FL 32127					Street Address (P.O. Box Number is Not Acceptable)							
PORT ORANGE, PE 32121												
						City	FL 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 prysted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.							\$5.0 6 Added	O May Be to Fees				
10.	r .	DIRECT	DIRECTORS 11.				ADDITIONS/	CHANGES TO OFFI		_	_	
TITLE NAME		PSTV Delete NOLIN, TIMOTHY				E					☐ Change	☐ Addition
STREET ADDRESS					NAM STRE							
CHY-ST ZIP	SI ZIP PORT ORANGE, FL 32127				CITY	-ST-ZIP				-		
NAME STREET ADDRESS CITY ST-ZIP				Oelete		ŀ					☐ Change	☐ Addition
THLE NAME SIREEI ADDRESS CITY ST ZIP				☐ Delete							Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS COY ST ZIP			1-101-111-1-1-1	☐ Delete							☐ Change	Addition
ITILE NAME STREET ADDRESS CITY ST ZIP				☐ Delete	-						☐ Change	Addition

12. Thereby 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 eath; 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:

Luna INTED NAME OF SIGNING OFFICER OR DIRECTOR 4-10-06

386-7330500