

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90191 039 \*\*\*150.00

<b>DOCUMENT # P05000012871</b> 1. Entity Name <b>FUNKE FRAMING INC</b>																																																																																																																																																					
Principal Place of Business <b>9116 MANDARIN BLVD LOXAHATCHEE FL 33470</b>			Mailing Address <b>9116 MANDARIN BLVD LOXAHATCHEE FL 33470</b>																																																																																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State		4. FEI Number <b>20-2212444</b>																																																																																																																																																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>FUNKE, STUART W THIRD 9116 MANDARIN BLVD LOXAHATCHEE FL 33470</b>			7. Name and Address of New Registered Agent																																																																																																																																																		
			Name																																																																																																																																																		
			Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																																		
			City																																																																																																																																																		
			State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when (constating)) DATE _____ <small>Signature, typed or printed name of registered agent and title as applicable</small>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 507, 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: <u>Stuart W. Funke Jr.</u> <b>V.P.</b> <span style="float: right;">4/1/06 561-791-3543</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					
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