

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020483

Entity Name: LEVEL EYE FRAMING INC

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

644 PEPPERWOOD ST
DELTONA, FL 32725

New Principal Place of Business:

868 SAXON BLVD.
DELTONA, FL 32725 US

Current Mailing Address:

644 PEPPERWOOD ST
DELTONA, FL 32725

New Mailing Address:

868 SAXON BLVD.
DELTONA, FL 32725 US

FEI Number: 11-3646555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAND, JOHN
644 PEPPERWOOD ST
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

HAND, JOHN
868 SAXON BLVD.
DELTONA, FL 32725 US

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.

SIGNATURE: JOHN HAND

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: HAND, JOHN
Address: 644 PEPPERWOOD ST
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: DOVERSPIKE, JASON
Address: 644 PEPPERWOOD ST
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: CARINI, TOM
Address: 644 PEPPERWOOD ST
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: HAND, JOHN
Address: 868 SAXON BLVD.
City-St-Zip: DELTONA, FL 32725 US

Title: S (X) Change () Addition
Name: DOVERSPIKE, JASON
Address: 868 SAXON BLVD.
City-St-Zip: DELTONA, FL 32725 US

Title: T (X) Change () Addition
Name: CAMINISH, RAYMOND
Address: 868 SAXON BLVD.
City-St-Zip: DELTONA, FL 32725 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HAND

PV

07/05/2006

Electronic Signature of Signing Officer or Director

Date