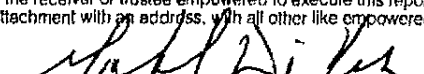


Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000047702				FILED Apr 27, 2006 08:00 Secretary of State	
1. Entity Name FAB GATES & FENCES, INC.					
Principal Place of Business 16383 132ND TERRACE NORTH JUPITER, FL 33478 US		Mailing Address 16383 132ND TERRACE NORTH JUPITER, FL 33478 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212006 Clq-F CR2E034 (11/05)	
City & State		City & State		4. FEI Number ☐ Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DICARLO, MICHAEL R 16383 132ND TERRACE NORTH JUPITER, FL 33478				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DICARLO, MICHAEL R		NAME		
STREET ADDRESS	16383 132ND TERRACE NORTH		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	CD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DICARLO, MICHAEL R		NAME		
STREET ADDRESS	16383 132ND TERRACE NORTH		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied 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.					
SIGNATURE:  H. Dicarlo			22 Apr 2006 561 743-5210		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		