2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 11, 2006 8:00 am Secrétary of State EPDVNFOU!\$ P05000081235 07-11-2006 90024 035 ***150.00 JORGEN SVENDSEN AND SONS CARPENTRY INC. Principal Place of Business Mailing Address 9525 CAROUSEL CIR EAST 9525 CAROUSEL CIR EAST BOCA RATON, FL 33434 BOCA RATON, FL 33434 3/ Principal Place of Business 4/ Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032006 DS3F145!)22016* Di h.O City & State 5/ FEI Number City & State Applied For 26-0117208 Not Applicable Country Country **%**9/86 Beejijpobm 6/ Certificate of Status Desired Off ISfrvjste 7/ Obn f lboe!Beesfit ipgDvssfouSfhjt uf sfeiBhfou 8/ Obn f lboe!Beesttt lpgOf x lSf hjt if sf e!Bhf ou SVENDSEN, JORGEN Street Address (P.O. Box Number is Not Acceptable) 9525 CAROUSEL CIR EAST BOCA RATON, FL 33434 Zip Code GM 9/ 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. 1 am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE : / Election Campaign Financing FILE NOW!!! FEE IS \$150.00 %6/11 Nbzici! In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. Beef eluptQf f t corporation did not receive the prior notice. OFFICERS AND DIRECTORS 21/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCFO TITLE ☐ Defete TITLE Change SVENDSEN, JORGEN NAME NAME STREET ADORESS 9525 CAROUSEL CIR EAST STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CCTY-ST-7IP TITLE Delete TITLE Addition Change NAME SVENDSEN, CARSTEN NAME STREET ADDRESS 9525 CAROUSEL CIR EAST STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP TITLE D ☐ Delete TITLE Change ■ Addition SVENDSEN, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 9525 CAROUSEL CIR EAST CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CCTY-ST-ZIP TITLE Oelete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP

23/ I hereby 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 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 attachapent with an address, with all other like empowered.

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