2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000100544 03-29-2007 90015 045 ***158.75 1. Entity Name VALERIO'S CARPENTRY INC. Principal Place of Business Mailing Address 40044020 6608 ALPINE LANE 6608 ALPINE LANE BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 340 Beacon <u>340 Beacon Harbour Loop</u> Suite, Apt. #, etc. 02202007 Chg-P CR2E034 (12/06) LOOP City & State Bradenton City & State 4. FEI Number Applied For Fl Bradento 04-3820312 Not Applicable \$8.75 Additional 5. Certificate of Status Desired inited State United States 34212 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo VALERIO, BUENAVENTURA Street Address (P.O. Box Number is Not Acceptable) 6608 ALPINE LANE BRADENTON, FL 34208 Zip Code City FL 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Z Change Addition VALERIO, BUENAVENTURA NAME NAME 340 Beacon Harbour Loop Bradenton Fl 34212 STREET ADDRESS 6608 ALPINE LANE STREET ADDRESS BRADENTON, FL 34208 City-St-ZIP CITY-ST-ZIP SEC ☐ Delete TITLE TITLE Change Addition VALERIO, LAURA Y NAME 340 Beacon Harbour Loop Bradenton Fl 34212 6608 ALPINE LANE STREET ADDRESS STREET ADDRESS. CITY - ST - ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-Zie TITLE ☐ Delete MLE Addition Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 Irustee 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.

FILED Mar 29, 2007 8:00 am

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