2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104549

Entity Name: PRECISION CARPENTRY BY S.C. INC

FILED Apr 22, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

654 CENTRE CT SW 1969 SW PROVIDENCE PL UNIT 201 PORT ST LUCIE, FL 34953

VERO BEACH, FL 32962

Current Mailing Address: New Mailing Address:

654 CENTRE CT SW 1969 SW PROVIDENCE PL UNIT 201 PORT ST LUCIE, FL 34953 VERO BEACH, FL 32962

FEI Number: 65-1254929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COSTANZO, MATTHEW S
654 CENTRE CT SW
UNIT 201
VERO BEACH, FL 32962 US
COSTANZO, MATTHEW S
323 18TH ST
VERO BEACH, FL 32960 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: 04/22/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: CARLISI, SEAN M Name: CARLISI, SEAN M

 Name:
 CARLISI, SEAN M
 Name:
 CARLISI, SEAN M

 Address:
 654 CENTRE CT SW, UNIT 201
 Address:
 1969 SW PROVIDENCE PL

 City-St-Zip:
 VERO BEACH, FL 32962
 City-St-Zip:
 PORT ST LUCIE, FL 34953

Title: O () Delete Title: O (X) Change () Addition Name: COSTANZO, MATTHEW S Name: COSTANZO, MATTHEW S

 Address:
 654 CENTRE CT SW, UNIT 201
 Address:
 323 18TH ST

 City-St-Zip:
 VERO BEACH, FL 32962
 City-St-Zip:
 VERO BEACH, FL 32960

Title: () Delete Title: O () Change (X) Addition

Name: Name: AREND, NICHLOAS A
Address: 323 18TH ST

Address: 323 1818 ST City-St-Zip: VERO BEACH, FL 32960

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: SEAN M CARLISI O 04/22/2006