2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120755

Entity Name: KROONS CARPENTRY INC.

FILED Jun 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6044 FLORA TERRACE 529 FLORDA CR SOUTH APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572

Current Mailing Address: New Mailing Address:

529 FLORDA CR SOUTH 6044 FLORA TERRACE APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572

FEI Number: 13-4306122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition KROON, JOEY KROON, JOEY N Name: Name: 6044 FLORA TERRACE 529 FLORDA CR. SOUTH Address: Address: City-St-Zip:

APOLLO BEACH, FL 33572 City-St-Zip: APOLLO BEACH, FL 33572

Title: Title: SD () Delete (X) Change () Addition Name: VARELA, JENNIFER Name: KROON, JOEY N 6044 FLORA TERRACE 529 FLORDA CR. SOUTH Address: Address:

APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572 City-St-Zip: City-St-Zip:

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

MORGAN, SANDRA Name: KROON, JOEY N 6044 FLORA TERRACE 529 FLORDA CR. SOUTH Address: Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: APOLLO BEACH, FL 33572

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: JOEY N KROON PD 06/01/2006