2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P05000126415 04-30-2007 90410 017 ***150.00 MID FLORIDA WEST COAST FRAMING, INC. Principal Place of Business Mailing Address 40000xxx 6118 LA PINE ROAD **6118 LA PINE ROAD** BROOKSVILLE, FL 34602 BROOKSVILLE, FL 34602 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E034 (12/06) Cha-P City & State 4. FEI Number City & State Applied For 20-3403419 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAGEDORN, KIMBERLY K Street Address 3450 Paragon Terrace Hemando Beach, FL 4051 COMPANERO ENTRA-HERNANDO BEACH, FL 34607 34607 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 1 dagedow SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change McAlister, Todd A ☐ Addition NAME MCALISTER, TODD A NAME 3450 Paragon Tenace STREET ADDRESS 1800 CANDLESTICK COURT STREET ADDRESS ernando Beach, FL 34607 CITY-ST-ZIP LUTZ, FL 33559 CITY-ST-7/P VP ☐ Delete DIF Change ☐ Addition HAGEDORN, KIMBERLY K NAME NAME STREET ADDRESS 1800 CANDLESTICK COURT STREET ADDRESS CITY-ST-7IP EUT2, FL 33559 CITY-ST-ZIP 3460T TITLE Delete TITLE ☐ Change ■ Addition MCALISTER, KNUTE M NAME NAME STREET ADDRESS 6118 LA PINE ROAD STREET ADORESS CITY-ST-ZIP **BROOKSVILLE, FL 34602** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCALISTER, CAROLYN NAME STREET ADDRESS 6118 LA PINE ROAD STREET ADDRESS CETY-ST-ZIP BROOKSVILLE, FL 34602 CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 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.

CITY-ST-ZIP

Kol bardorn

CITY-ST-7IP