

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 01, 2006 8:00 am
Secretary of State

04-14-2006 90136 003 ***150.00

DOCUMENT # P05000146658 1. Entity Name FIRST CHOICE TRIM CARPENTRY INC.					
Principal Place of Business <i>Swallow</i> 13076 MEADOW SHALLOW AVENUE WEEKI WACHEE, FL 34613			Mailing Address <i>Swallow</i> 13076 MEADOW SHALLOW AVENUE WEEKI WACHEE, FL 34613		
2. Principal Place of Business <i>13076 Meadow Swallow Ave</i>		3. Mailing Address <i>13076 Meadow Swallow Ave</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1740020	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AGENTS AND CORPORATION, INC. 773 4TH AVENUE NORTH SUITE E NAPLES, FL 34102			7. Name and Address of New Registered Agent Name <i>Brian Hanse</i> Street Address (P.O. Box Number is Not Acceptable) <i>13076 Meadow Swallow Ave.</i> City <i>Weeki Wachee</i> FL Zip Code <i>34613</i>		
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: <i>Brian Hanse</i> 1/30/06 <small>Signature typed or printed name of registered agent (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSE, BRIAN <i>SWALLOW</i> <input type="checkbox"/> Delete 13076 MEADOW SHALLOW AVENUE WEEKI WACHEE, FL 34613		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>13076 Meadow Swallow Ave.</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Brian Hanse</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/30/06</i> <small>Date</small>		

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