
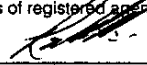
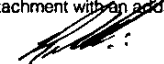


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90062 023 ***150.00

| | | | |
|--|---|--|--|
| DOCUMENT # P05000156477 1. Entity Name TRUTH TRIM CARPENTRY, INC. | |  | |
| Principal Place of Business PO BOX 561 AVON PARK, FL 33826-0561 | | Mailing Address PO BOX 561 AVON PARK, FL 33826-0561 | |
| 2. Principal Place of Business 3000 West Exeter Rd Suite, Apt. #, etc. | | 3. Mailing Address 3000 West Exeter Rd Suite, Apt. #, etc. | |
| City & State Avon Park, FL Zip 33825 | | City & State Avon Park, FL Zip 33825 | |
| Country USA | | Country USA | |
| 4. FEI Number 203884294 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GILES, ROBERT L 1905 VERANO DRIVE HAINES CITY, FL 33844 | | 7. Name and Address of New Registered Agent Name Robert L Giles Street Address (P.O. Box Number is Not Acceptable) 3000 West Exeter Rd City Avon Park FL Zip Code 33825 | |
| 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  3-9-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 | DP GILES, ROBERT L PO BOX 561 AVON PARK, FL 338260561 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tammy Lee Giles 3000 West Exeter Rd Avon Park FL 33825 |
| 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 |
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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. | | | |
| SIGNATURE:  ROBERT LEE GILES | | 3-9-06 (863)381-5988 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |