


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90042 009 \*\*\*158.75

<b>DOCUMENT # P05000163296</b> 1. Entity Name TRUE ANGLE CARPENTRY, INC.																																			
Principal Place of Business 2701 NE 7TH STREET SUITE 908 OCALA, FL 34470		Mailing Address 2701 NE 7TH STREET SUITE 908 OCALA, FL 34470																																	
2. Principal Place of Business - No P.O. Box # 214 Locust Lane Suite, Apt. #, etc.		3. Mailing Address 214 Locust Lane Suite, Apt. #, etc.																																	
City & State OCALA, FL Zip 34472		City & State OCALA, FL Zip 34472																																	
Country USA		Country MARION																																	
4. FEI Number 76-0809687		Applied For Not Applicable																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent  BROCKER, ANDREA R 2701 NE 7TH STREET SUITE 908 OCALA, FL 34470		7. Name and Address of New Registered Agent Name: Andrea Brocker Street Address (P.O. Box Number is Not Acceptable): 214 Locust Lane City: OCALA FL Zip Code: 34472																																	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;">           P            BROCKER, ANDREA R            2701 NE 7TH ST., SUITE 908            OCALA, FL 34470           <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROCKER, ANDREA R 2701 NE 7TH ST., SUITE 908 OCALA, FL 34470 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            214 LOCUST LANE            OCALA FL 34472         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 214 LOCUST LANE OCALA FL 34472														
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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: <i>Andrea Brocker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-12-07 352-207-6368 <small>Date Daytime Phone #</small>																																	