


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90031 020 ***150.00

DOCUMENT # P06000017801	
1. Entity Name TALLMAN CARPENTRY, INC	

60024607



04132008 Chg-P CR2E034 (12/06)

Principal Place of Business 506 SAHNE CIRCLE WINTER SPRINGS, FL 32708 US	Mailing Address 506 SAHNE CIRCLE WINTER SPRINGS, FL 32708 US
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2. Principal Place of Business - No P.O. Box # 506 Shane Circle	3. Mailing Address 506 Shane Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Springs	City & State Winter Spring
Zip 32708	Zip 32708
Country USA	Country USA

4. FEI Number 86-1159758	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TALLMAN, THOMAS T 506 SHANE CIRCLE WINTER SPRINGS, FL 32708	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

SIGNATURE: *TRT* DATE: 4/13/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TALLMAN, THOMAS T		NAME	
STREET ADDRESS 506 SHANE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP WINTER SPRINGS, FL 32708		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TALLMAN, ROBIN A		NAME	
STREET ADDRESS 506 SHANE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP WINTER SPRINGS, FL 32708		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *TRT* DATE: 4/13/08 DAYTIME PHONE: 407-920-4506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR