2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065482

Entity Name: H & W FRAMING, INC.

FILED Jul 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

369 ANCHOR RD., #1201 829 VISTA COVE CASSELBERRY, FL 32707 CHULUOTA, FL 32766

Current Mailing Address: New Mailing Address:

PO BOX 623364 369 ANCHOR RD., #1201 CASSELBERRY, FL 32707 OVIEDO, FL 32765

FEI Number: 42-1705977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOUSE, CURTIS HOUSE, CURTIS 369 ANCHOR RD., #1201 829 VISŤA COVE CASSELBERRY, FL 32707 US CHULUOTA, FL 32766 US

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.

SIGNATURE: CURTIS HOUSE 07/07/2008

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HOUSE, CURTIS HOUSE, CURTIS Name: Name: 369 ANCHOR RD., #1201 PO BOX 623364 Address: Address:

City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: OVIEDO, FL 32762

Title: VD Title: VD (X) Change () Addition () Delete Name: WORKMAN, JAMES Name: WORKMAN, JAMES 369 ANCHOR RD., #1201 PO BOX 623364 Address: Address: CASSELBERRY, FL 32707 OVIEDO, FL 32762

Title: Title: STD () Delete STD (X) Change () Addition

WORKMAN, HEATHER Name: WORKMAN, HEATHER Name: 369 ANCHOR RD., #1201 PO BOX 623364 Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: OVIEDO, FL 32762

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CURTIS HOUSE PD 07/07/2008