2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Mar 19, 2008 08:00 A Secretary of State DOCUMENT # P06000122318 ENGLISH CARPENTRY SERVICES INC Principal Place of Business Mailing Address 208 60TH AVE W 208 60TH AVE W **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 20-5597265 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGLISH, ASHLEY Street Address (P.O. Box Number is Not Acceptable) 208 60TH AVE W **BRADENTON FL 34207** City 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 Synatche, typed or minted name of registered agent and the Talepi cable. INDIE Redistried Adert sunature required when remitations DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE 000000863855 ENGLISH, ASHLEY NAME NAME 04/03/08-80108-016 150.00 STREET ADDRESS 208 60TH AVE W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIF TITLE ☐ Derete ппе Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Deiete TITLE Change ☐ Addition NAM# NAME STREET ADDRESS STREET ADDRESS CITY-ST-7E CITY-ST-7IF TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Deiele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST - ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR