## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000023823

P O BOX 633

City-St-Zip: APOPKA, FL 32704

Address:

Entity Name: CARPENTER AMERICA CORP

FILED Mar 30, 2009 Secretary of State

Littly Nai	He. CARFEN	TER AMIERICA CORP					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
27 E SKYL APOPKA,							
Current Mailing Address:			New Maili	New Mailing Address:			
P O BOX 6 APOPKA,							
FEI Number: 20-8473104 FEI Number Applied For ( )			FEI Number Not Applicable ( ) Certif		Certificate of Status Desired	icate of Status Desired()	
Name and	Address of C	Current Registered Agent:	Name and	Address of N	ew Registered Agent:		
385 E MAII APOPKA, The above	FL 32703 l	S INC JS submits this statement for the p	ourpose of changing i	ts registered o	ffice or registered agent,	or both,	
in the State	e of Florida.						
SIGNATUR							
	Electror	ic Signature of Registered Age	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( ) SALAZAR, ROB P O BOX 633 APOPKA, FL 3		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP ( ) FUENTES, ELM P O BOX 633 APOPKA, FL 3		Title: Name: Address: City-St-Zip:	VP (X) OROZCO, OTTO P O BOX 633 APOPKA, FL 33			
Title: Name: Address: City-St-Zip:	SEC ( ) GUZMAN, MAU P O BOX 633 APOPKA, FL 3		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TES ( ) FUENTES, BEN P O BOX 633 APOPKA, FL 3		Title: Name: Address: City-St-Zip:	TES (X) GODINEZ, ROD P O BOX 633 APOPKA, FL 32			
Title:	DIR ( )	Delete SANJUANA	Title: Name:	( )	Change ( ) Addition		

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.

Address:

City-St-Zip:

SIGNATURE: ROBERTO D SALAZAR. P 03/30/2009