2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P99000017519 Jan 27, 2006 08:00 AN **Secretary of State** FAST-TRACT FRAMING, INC. Principal Place of Business Mailing Address 1125 ROYAL MARQUIS CIR. 1125 ROYAL MARQUIS CIR. OCOEE FL 34761 OCOEE FL 34761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 59-3558286 Not Applicat Zφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTE, TOOR Street Address (P.O. Box Number is Not Acceptable) 1125 RÓYAL MARQUIS CIR. OCOEE FL 34761 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. Lam familiar with, and acceptance the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May [After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change U00000403042 02/03/06-80032-010 150.00 NAME TOOR, MONTE NAME STREET ADDRESS 109 PINE ISLE DR. STREET ADDRESS CITY-ST-ZIP SANFORD FL 32773 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Admi MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nne ☐ Delete TITLE ☐ Change - Ain' NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Andia NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRUE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 directrof 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR