2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # P99000082350 1. Entity Name SAVÁNNAH MILLWORK COMPANY Mailing Address Principal Place of Business 3953 S.W. BRUNER TERRACE 3953 S.W. BRUNER TERRACE PALM CITY, FL 34990 PALM CITY, FL 34990 04082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0946352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent N. DEAN KOHL, JR. DO NOT WRITE 50 SE KINDRED STREET SUITE 107 IN THIS SPACE STUART, FL 34994 5. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and hits if applicable DATE \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 UU00000506663 Trust Fund Contribution. 27/06-80031-009 150**.00**° OFFICERS AND DIRECTORS 10. PD TITLE NAME SNOW, GLEN R 3953 SW BRUNNER TERR STREET ADDRESS PALM CITY, FL 34990 CITY-ST-ZIP TITLE SNOW, DARCY 3953 SW BRUNNER TERR STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 MAME STREET ADDRESS DO NOT WRITE C351-37-339 IN THIS SPACE IIILE STRUCT ADDRESS C)TY-S7-Z07 TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this tilling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report or supplemental teport 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 accuracy further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attentivent my further accuracy with all other like empowered.

SIGNATURE

CITY-ST-ZIP THLE MAME STREET ADDRESS City-S1-289

NAME OF SIGHING OFFICER OR DIRECTOR

Osytime Phone #

FILED