

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 06, 2007  
Secretary of State**

DOCUMENT# F98000004944

Entity Name: ADVANCED SAWMILL MACHINERY, INC.

**Current Principal Place of Business:**

481 MACHINERY CIRCLE  
HOLT, FL 32564 US

**New Principal Place of Business:**

**Current Mailing Address:**

481 MACHINERY CIRCLE  
HOLT, FL 32564 US

**New Mailing Address:**

FEI Number: 59-3213788      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SEFFENS, DAVID E  
481 MACHINERY CIRCLE  
HOLT, FL 32564 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SEFFENS, DAVID E  
Address: 173 WT HULION RD  
City-St-Zip: CRESTVIEW, FL 32539

Title: ST ( ) Delete  
Name: CANNON, WILLIAM  
Address: 1007 NORTH PL  
City-St-Zip: BENTON, AR 72015

Title: CD ( ) Delete  
Name: HARVEY, EDWARD M  
Address: 1406 CANTRELL ROAD  
City-St-Zip: LITTLE ROCK, AR

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: SEFFENS, DAVID E  
Address: 1007 NORTH PL  
City-St-Zip: BENTON, AR 72015

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID E. SEFFENS

PD

09/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date