


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90032 016 ****61.25

DOCUMENT # N02000002370
 1. Entity Name
THE MASTER'S WORKSHOP, INC.



Principal Place of Business
 2411 LIPSCOMB STREET
 MELBOURNE, FL 32901

Mailing Address
 PO BOX 60268
 PALM BAY, FL 32906-0268

40005585



2. Principal Place of Business
 2525 Lipscomb St.
 Suite, Apt. #, etc.
 Melbourne FL
 City & State

3. Mailing Address
 2525 Lipscomb St.
 Suite, Apt. #, etc.
 Melbourne FL
 City & State

Zip 32901 Country
 Zip 32901 Country

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 75-3040195 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FIOI, MARTA M
 2861 LOCKSLEY RD.
 MELBOURNE, FL 32935

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARKS, JANET 1172 SAPHIRE STREET S.E. PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOMINICIS, FERNANDO 1825 SABAL PALM DR. MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIOI, MARTA M 2861 LOCKSLEY RD. MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Marta M. Fiol 1-12-05 321-952-0898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARTA M. FIOI