


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N02000002370**

1. Entry Name  
**THE MASTER'S WORKSHOP, INC.**



Principal Place of Business  
**2525 LIPSCOMB STREET  
 MELBOURNE, FL 32901**

Mailing Address  
**2525 LIPSCOMB STREET  
 MELBOURNE, FL 32901**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>75-3040195</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FIOL, MARTA M  
 2861 LOCKSLEY RD.  
 MELBOURNE, FL 32935**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

U00000778754  
 01/11/08-80009-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARKS, JANET 1172 SAPPHIRE STREET S.E. PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOMINICIS, FERNANDO 1825 SABAL PALM DR. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THOMAS, BERNADINE 1733 SAYABEC ST NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Fernando Dominicis* 1/8/08 321.254.8565  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*treasurer*