

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002370

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE MASTER'S WORKSHOP, INC.

Current Principal Place of Business:

2525 LIPSCOMB STREET
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

2525 LIPSCOMB STREET
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 75-3040195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIOL, MARTA M
2861 LOCKSLEY RD.
MELBOURNE, FL 32935 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: DP () Delete
Name: MARKS, JANET
Address: 1172 SAPHIRE STREET S.E.
City-St-Zip: PALM BAY, FL 32909

Title: DT () Delete
Name: DOMINICIS, FERNANDO
Address: 1825 SABAL PALM DR.
City-St-Zip: MELBOURNE, FL 32935

Title: DS () Delete
Name: THOMAS, BERNADINE
Address: 1733 SAYABEC ST NW
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO DOMINICIS

DT

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date