

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 07, 2011  
Secretary of State**

DOCUMENT# N02000002370

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:**

THOMAS, BERNADINE G  
1733 SAYABEC STREET, N.W.  
PALM BAY, FL 32907      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  
Name: MARKS, JANET  
Address: 1172 SAPPHIRE STREET S.E.  
City-St-Zip: PALM BAY, FL 32909

Title: DT  
Name: NECKLES, WILLIAM  
Address: 240 TODD STREET, S.E.  
City-St-Zip: PALM BAY, FL 32905

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

I hereby 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 all other like empowered.

SIGNATURE: JANET MARKS

PRES

03/07/2011

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

\_\_\_\_\_  
Date