


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90152 022 \*\*\*150.00

<b>DOCUMENT # P96000028731</b> 1. Entity Name <b>LOU TUFANO WOODWORKING, INC.</b>		
Principal Place of Business <b>932 CR 13                  ORLANDO, FL 32820</b>		Mailing Address <b>932 CR 13                  ORLANDO, FL 32820</b>
2. Principal Place of Business Suite, Apt. #, etc. <b>Lou Tufano</b> <b>Wood Working Inc.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Lou Tufano</b> <b>Wood Working Inc.</b>
City & State <b>932 CR 13</b>		City & State <b>932 CR 13</b>
Zip <b>Orlando, FL 32820</b>		Zip <b>Orlando, FL 32820</b>
4. FEI Number <b>59-3379103</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>TUFANO, LOU                  932 N CRIB                  ORLANDO, FL 32820</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00                  Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TUFANO, LOU</b> STREET ADDRESS <b>932 CR 13</b> CITY-ST-ZIP <b>ORLANDO, FL 32820</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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 607, 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: <i>Louis Tufano</i> <b>Louis Tufano</b>		Date <b>6/1/06</b> Daytime Phone # <b>407 2090538</b>

**50020893**



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