


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000055989 1. Entity Name TOURIGNY CUSTOM WOOD WORKS, INC.	
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FILED

06 FEB 17 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5750 COLUMBIA CIR ST 9 MANGONIA PARK, FL 33407 US	Mailing Address 5750 COLUMBIA CIR STE 8, 9 MANGONIA PARK, FL 33407 US
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01202006 No Chg-P CR2E034 (11/05) *06*

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0710715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TOURIGNY, CARL A 5750 COLUMBIA CIR MANGONIA, FL 33407

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

100000295628
01/26/06 80058008 150.00

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	TOURIGNY, CARL
STREET ADDRESS	5750 COLUMBIA CIR
CITY-ST-ZIP	MANGONIA PARK, FL 33407
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 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: _____ *[Signature]* Date: *2/10/06* 561-863-5347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day mo Phone #