

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38058

FILED
Apr 25, 2008
Secretary of State

Entity Name: EXOTIC WOOD PRODUCTS COMPANY

Current Principal Place of Business:

10738 LAGRANGE RD
ELYRIA, OH 440357708 US

New Principal Place of Business:

Current Mailing Address:

10738 LAGRANGE ROAD
ELYRIA, OH 440357708 US

New Mailing Address:

10738 LAGRANGE RD
ELYRIA, OH 440357708 US

FEI Number: 65-0254395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRCH, THOMAS B.
7370 COLLEGE PARKWAY SUITE 210
C/O THE BIRCH COMPANY
FT MYERS, FL 33907 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SCHREIBER, ROBERT J,
Address: 10738 LAGRANGE RD
City-St-Zip: ELYRIA, OH 440357708 US

Title: VSD () Delete
Name: SCHREIBER, KATHLEEN, C.
Address: 10738 LA GRANGE RD
City-St-Zip: ELYRIA, OH 440357708 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: KATHLEEN C. SCHREIBER

VSD

04/25/2008

Electronic Signature of Signing Officer or Director

Date