2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 247273

ity Name: MASTER TOOL CO., INC.

6115 N.W. 153RD ST.

MIAMI LAKES, FL

Address:

City-St-Zip:

FILED Jan 09, 2008 Secretary of State

| Entity Na | me: MASTER | TOOL CO., INC. | | | |
|---|--|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | /. 153RD STRE (ES, FL 33014 | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | 7. 153RD STRE KES, FL 33014 | | | | |
| FEI Number | : 59-0920725 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| MIAMI LAP | /. 153RD ST. KES, FL 33014 | | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Ca | mpaign Financing | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () ESTOCK, JULIE 6115 N. W. 153 MIAMI LAKES, I | RD STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD () ROOS, PAUL K 6115 N.W. 153I MIAMI LAKES, I | RD ST. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | TS () GRACY, PHYLL | Delete IS | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: PHYLLIS GRACY TS 01/09/2008