

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 341109

FILED
Apr 23, 2008
Secretary of State

Entity Name: FAMOUS INDUSTRIES INC

Current Principal Place of Business:

5450 LAKE WORTH ROAD
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 511
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-1231827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURNS, JOHN L.
325 THIRD STREET
WEST PALM BEACH, FL 33401 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: P () Delete
Name: BROZ, SOPHIA
Address: 22 HARBOR DR
City-St-Zip: LAKE WORTH, FL 33460

Title: VP () Delete
Name: BROZ, EDWARD JR.
Address: 3787 WRY ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: T () Delete
Name: BROZ, JEROME J
Address: 3410 PONY RUN
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: HICKS, BARBARA B
Address: 4455 CONSTANTINE CR
City-St-Zip: GREENACRES, FL 33463

Title: D () Delete
Name: BROZ, JAMES
Address: 4840 PALO VERDE DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: DELSANTO, CATHERINE,
Address: 326 NORTH PALMWAY
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA HICKS

S

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date