2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 398730 Jan 24, 2007 08:00 AM 1. Entity Name **Secretary of State** RON'S WOODCRAFT, INC Principal Place of Business Mailing Address 205 1ST ST SE FT. WALTON BEACH FL 32548 US 205 1ST ST SE FT. WALTON BEACH FL 32548 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1396369 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROSS, RONALD U Street Address (P.O. Box Number is Not Acceptable) 169 COUNTRY CLUB ROAD SHALIMAR FL 32579 City Zıp 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addylion TITLE Dolete 11/11 U00000601271 01/26/07-80043-010 150.00 GROSS, RONALD U NAME MAM 750 OVERBROOK DR. STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL CHY-SI-78 CHY-S1-7IP ☐ Change UILL ☐ Delete ☐ Addition NAME STREET ADORESS STRUCTADORESS CHY-\$1-78 CITY-SI-ZIP TITLE ☐ Delete DILE Change Addition NAMI. NAMI STREET ADORESS STREET ADDRESS CITY ST-70P CITY-S1-7IP TITLE Delete Change ☐ Addition TITLE NAMI NAMI STRUCT ADDRESS STREET ADDRESS City-S1-ZIP CITY-SI-7IP DHE. ☐ Dolete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/P Change HIII Delete HILL Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY - ST-ZIE CITY-ST-7/P

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12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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: **Low **Lo