2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549460

FILED Jan 30, 2007 Secretary of State

Entity Name: DOWELS, PINS & SHAFTS, INC.

	Principal Place of Business:	New Principal Place of Busi	New Principal Place of Business:	
	UMET ST. ATER, FL 33765 US			
Current N	Nailing Address:	New Mailing Address:		
PO BOX 1 DUNEDIN	135 , FL 34698 US			
El Number	r: 59-1780438 FEI Number Applied For	() FEI Number Not Applicable () Certi	ificate of Status Desired (X)	
Name and	d Address of Current Registered Age	ent: Name and Address of New F	Registered Agent:	
1975 CAL	ON, THOMAS & ELLEN UMET ST ATER, FL 33765 US			
	e named entity submits this statement fo e of Florida.	or the purpose of changing its registered office of	or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Register	ed Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS:	
Name: Nddress:	PD () Delete MICKELSON, THOMAS R, 2182 PADDOCK CIRCLE DUNEDIN, FL 34698	Title: () Chang Name: Address: City-St-Zip:	ge () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	MICKELSON, THOMAS R, 2182 PADDOCK CIRCLE	Name: Address: City-St-Zip:	ge () Addition ge () Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	MICKELSON, THOMAS R, 2182 PADDOCK CIRCLE DUNEDIN, FL 34698 VP () Delete MICKELSON, ELLEN F 2182 PADDOCK CIRCLE	Name: Address: City-St-Zip: Title: () Change Name: Address: City-St-Zip:		
Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address:	MICKELSON, THOMAS R, 2182 PADDOCK CIRCLE DUNEDIN, FL 34698 VP () Delete MICKELSON, ELLEN F 2182 PADDOCK CIRCLE DUNEDIN, FL 34698 D () Delete MICKELSON, ELLEN F, 2182 PADDOCK CIRCLE	Name: Address: City-St-Zip: Title: () Change Address: City-St-Zip: Title: () Change Address: City-St-Zip: () Change Address: City-St-Zip:	ge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIDGET HAMMOND 01/30/2007 Τ