2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90002 006 ***150.00

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1. Entity Name
ROYAL MOULDINGS LIMITED CORP.

Principal Place of Business	Mailing Address
6100 NEIL ROAD SUITE 500 WOODBURN AND WEDGE RENO, NV 89511-1149 US	6100 NEIL ROAD SUITE 500 WOODBURN AND WEDGE RENO, NV 89511-1149 US

400034661

01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0259179
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	SCHMITT, EDWARD
STREET ADDRESS	6100 NEIL ROAD SUITE 500
CITY-ST-ZIP	RENO, NV 895111149
TITLE	VP
NAME	NADLER, BRANDON
STREET ADDRESS	6100 NEIL ROAD SUITE 500
CITY-ST-ZIP	RENO, NV 895111149
TITLE	Vice President
NAME	SHEPARD, MICHAEL
STREET ADDRESS	6100 NEIL ROAD SUITE 500
CITY-ST-ZIP	RENO, NV 895111149
TITLE	S
NAME	BATES, SCOTT
STREET ADDRESS	6100 NEIL ROAD SUITE 500
CITY-ST-ZIP	RENO, NV 895111149
TITLE	D
NAME	~~BEGRMAN~~, JOEL I Beerman, Joel I
STREET ADDRESS	6100 NEIL ROAD SUITE 500
CITY-ST-ZIP	RENO, NV 895111149
TITLE	VP
NAME	BEERMAN, JOEL I
STREET ADDRESS	6100 NEIL ROAD SUITE 500
CITY-ST-ZIP	RENO, NV 89511

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ February 14, 2007 7703954586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #