2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F07000000428

1. Entity Name
COMPLETE MILLWORK SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402	4611 192ND STREET E TACOMA, WA 98446

03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4323292
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR. STE 4
WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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

U00000912889
05/07/08-80098-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HAM, JONG
STREET ADDRESS	1498 PACIFIC AVE SUITE 525
CITY-ST-ZIP	TACOMA, WA 98402
TITLE	D
NAME	HAM, KI
STREET ADDRESS	1498 PACIFIC AVE SUITE 525
CITY-ST-ZIP	TACOMA, WA 98402
TITLE	V
NAME	SHIN, KEVIN
STREET ADDRESS	1498 PACIFIC AVE SUITE 525
CITY-ST-ZIP	TACOMA, WA 98402
TITLE	S
NAME	SO, CHONG
STREET ADDRESS	1498 PACIFIC AVE SUITE 525
CITY-ST-ZIP	TACOMA, WA 98402
TITLE	T
NAME	LEE, ALEX
STREET ADDRESS	1498 PACIFIC AVE SUITE 525
CITY-ST-ZIP	TACOMA, WA 98402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #