2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000000428

1. Entity Name

COMPLETE MILLWORK SOLUTIONS, INC.



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

Principal Place of Business

Mailing Address

1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402

4611 192ND STREET E TACOMA, WA 98446



DO NOT WRITE IN THIS SPACE

03272008 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
20-4323292		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

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 Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE_s	Signature, typed or printed name of registered agent and title is	required when reinstating)	DATE				
FILE After Ma	NOW!!! FEE IS \$150.00 y 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000912889 05/07/08-80098-008 150.00		
10.	OFFICERS AND DIREC	CTORS					
NAME STREET ADDRESS	CP HAM, JONG 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402						
NAME STREET ADDRESS	D HAM, KI 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402	·					
NAME STREET ADDRESS	V SHIN, KEVIN 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402			DO NOT WRITE			
NAME STREET ADDRESS	S SO, CHONG 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402			IN	THIS SPACE		
NAME STREET ADDRESS	T LEE, ALEX 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402 D HAM, KI 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402 V SHIN, KEVIN 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402 S SO, CHONG 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402 T LEE, ALEX 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402	illing these the quality for the ev	emations cou	IN '			

12. Increby certify that the information supplied with this filling 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 accuracy 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Daytime Phone #