

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.	
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Principal Place of Business 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402	Mailing Address 4611 192ND STREET E TACOMA, WA 98446
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-P CR2E034 (11/05)

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

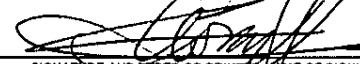
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000912889 05/07/08-80098-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HAM, JONG 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAM, KI 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIN, KEVIN 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SO, CHONG 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, ALEX 1498 PACIFIC AVE SUITE 525 TACOMA, WA 98402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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