

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000428

FILED
Jun 23, 2009
Secretary of State

Entity Name: COMPLETE MILLWORK SOLUTIONS, INC.

Current Principal Place of Business:

4721 TRANSPORT DR.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

4611 192ND STREET E
TACOMA, WA 98446

New Mailing Address:

FEI Number: 20-4323292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: HAM, JONG
Address: 1498 PACIFIC AVE SUITE 525
City-St-Zip: TACOMA, WA 98402

Title: D () Delete
Name: HAM, KI
Address: 1498 PACIFIC AVE SUITE 525
City-St-Zip: TACOMA, WA 98402

Title: V () Delete
Name: SHIN, KEVIN
Address: 1498 PACIFIC AVE SUITE 525
City-St-Zip: TACOMA, WA 98402

Title: S () Delete
Name: SO, CHONG
Address: 1498 PACIFIC AVE SUITE 525
City-St-Zip: TACOMA, WA 98402

Title: T () Delete
Name: LEE, ALEX
Address: 1498 PACIFIC AVE SUITE 525
City-St-Zip: TACOMA, WA 98402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TIM HAIGH

ACCT

06/23/2009

Electronic Signature of Signing Officer or Director

Date