

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000948

FILED
Apr 30, 2008
Secretary of State

Entity Name: VERMONT TIMBER WORKS, INC.

Current Principal Place of Business:

36 FAIRBANKS ROAD
NORTH SPRINGFIELD, VT 051509743

New Principal Place of Business:

Current Mailing Address:

36 FAIRBANKS ROAD
NORTH SPRINGFIELD, VT 051509743

New Mailing Address:

FEI Number: 03-0316667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BOULEVARD
SUITE 508
MIAMI, FL 33156 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: KELLEHER, DANIEL W
Address: PO BOX 2254, SOUTH HILL ROAD
City-St-Zip: MANCHESTER CENTER, VT 05255

Title: VPSD () Delete
Name: FRIANT, DOUGLAS S
Address: PO BOX 2002 464 DEERWOOD HILL
City-St-Zip: SOUTH LONDONDERRY, VT 05155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DOUGLAS FRIANT

VPSD

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date