## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Jan 29, 2007 8:00 am Secretary of State **DOCUMENT # F59862** 1. Entity Name 01-29-2007 90101 044 \*\*\*158.75 FEDERAL MILLWORK CORP. Principal Place of Business Mailing Address % RICHARD UNGERBUEHLER % RICHARD UNGERBUEHLER 60009631 3300 SOUTHEAST 6TH AVENUE 3300 SOUTHEAST 6TH AVENUE FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-2190054 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNGERBUEHLER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3300 SOUTHEAST 6TH AVENUE FORT LAUDERDALE, FL 33316 City Zip Code 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. Lam 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 reinstature) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCFO Delete TITLE UNGERBUEHLER, RICHARD A SR NAME NAME 201 S.W. 62 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 CITY-ST-ZIP VPOO ☐ Delete TITLE TITLE ☐ Change ☐ Addition UNGERBUEHLER, RICHARD A JR NAME STREET ADORESS 5581 S.W. 9 COURT STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition UNGERBUEHLER, KAY E NAME NAME 201 S.W. 62 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 CITY-ST-ZIP ☐ Addition TITLE. ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP THE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-ZIP 12. I hereby 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 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. \*\*RICMARD A.\*\* CHICERBURNLER, SR

FILED

24.07