


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000006723	
1. Entity Name SOUTHERN MILL CREEK PRODUCTS OF OHIO, INC.	

Principal Place of Business 18319 NOTTINGHAM ROAD CLEVELAND, OH 44119	Mailing Address 18319 NOTTINGHAM ROAD CLEVELAND, OH 44119
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07062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-0968564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_ U000000571426  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 07/20/06-00000-012 150.00  
DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, THOMAS E 18319 NOTTINGHAM ROAD CLEVELAND, OH 44119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHBRIDGE, R. DOUGLAS 18319 NOTTINGHAM ROAD CLEVELAND, OH 44119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KIRCHNER, WILLIAM L 18319 NOTTINGHAM ROAD CLEVELAND, OH 44119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KILKENNY, KAREN 18319 NOTTINGHAM CLEVELAND, OH 44119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Karen A. Kilkenney* 7-13-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #