2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address,

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

FILED DOCUMENT # H92448 Mar 28, 2005 08:00 AM 1. Entity Name **Secretary of State** PREMIER WOODWORK, INC. Principal Place of Business Mailing Address 8254 BAMA LANE BÜILDING #2, UNIT #1 WEST PALM BEACH FL 33411 8254 BAMA LANE BUILDING #2, UNIT #1 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2613294 Not Applicable Zip Country 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 Name WOLFE, THOMAS Street Address (P.O. Box Number is Not Acceptable) 8254 BAMA LANE WEST PALM BEACH FL 33411 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VPDP TITLE Defete TITLE ☐ Change Addition [WOLFE, TOM NAME NAME U00000278206 STREET ADDRESS 13244 BRYAN ROAD STREET ADDRESS 03/28/05-80018-016 150.00 LOXAHATCHEE FL CITY-ST-7IP CITY-ST-ZIP ST ITILE ☐ Delete J.Tį F ☐ Change ☐ Addition WOLFE, TOM NAME NAME 13244 BRYAN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP LOXAHATCHEE FL CHY-SI-7P nnr☐ Addition ☐ Delete TITLE Change NAME NAME MCKINNEY, STEPHEN K STREET ADDRESS STREET ADDRESS 17183 77TH LANE N CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL 33470 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Title Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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! am an officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if