2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2006 8:00 am **Secretary of State** DOCUMENT # H92448 1. Entity Name 03-24-2006 90024 009 ***150.00 PREMIER WOODWORK, INC. Principal Place of Business Mailing Address 8254 BAMA LANE BUILDING #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 (10/05) Applied For City & State City & State 4. FEI Number 59-2613294 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOLFE, THOMAS Street Address (P.O. Box Number is Not Acceptable) 8254 BAMA LANE WEST PALM BEACH FL 33411 Zip Code City 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 fitte if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **VPDP** TITLE ☐ Change ☐ Addition ☐ Delete NAME WOLFE, TOM NAME 13244 BRYAN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHÉE FL Change Addition TITLE Delete TITLE WOLFE, TOM NAME NAME STREET ADDRESS STREET ADDRESS 13244 BRYAN ROAD CITY-ST-ZIP LOXAHATCHEE FL CITY-ST-ZIP ☐ Addition ☐ Change MCKINNEY, STEPHEN K STREET ADDRESS STREET ADDRESS 17183 77TH LANE N CITY-ST-ZIP CITY-ST-7IP LOXAHATCHEE FL 33470 ☐ Delete TITLE ☐ Chance ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

if changed, or on an attachment with with all other like empowered. SIGNATURE:

Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 true person because this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11