2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000072837

1. Entity Name
CUSTOM WOODCRAFT, LLC

Principal Place of Business	Mailing Address
3420 45TH STREET BAY 15&16 WEST PALM BEACH, FL 33407	3420 45TH STREET BAY 15&16 WEST PALM BEACH, FL 33407
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03282006   Chg-LLC   CR2E083 (11/05)

4. FEI Number
20-3197106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMPERSAD, DEPAKH 4425 TULIP COURT LAKE WORTH, FL 33461-4699	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES		
TITLE: MGR NAME: RAMPERSAD, DEPAKH STREET ADDRESS: 4425 TULIP COURT CITY-ST-ZIP: LAKE WORTH, FL 334614699	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEPAKH RAMPERSAD   14/18/06   561-478-1858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   -Date   Daytime Phone #