2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 09, 2005 08:00 AM Secretary of State

1. Entity Name	MENT # P0100003643 CTURAL FOAM SUPPLY, INC				Sec	retary of	Sian
1250 S.W. FI	RST COURT	Mailing Address 1250 S.W. FIRST COURT POMPANO BEACH, FL 33069					
D	O NOT WRITE I	N THIS SPA	CE	}	No Chg-P	CR2E034 (10/03)	pplied For ot Applicable ditional
6. Name and Address of Current Registered Agent BELCHER, JOHN 1250 SOUTHWEST 1ST COURT POMPANO BEACH, FL 33069			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the ions of registered agent. Signature, typod or printed name of registered agent and fit	* * * · · · · · · · · · · · · · · · · ·	ed office or registe		the State of Florid	ia. I am familier with DATE	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribution				.00 May Be ded to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ÖFFICERS AND DIRI PST BELCHER, JOHN 1250 SOUTHWEST 1ST COURT POMPANO BEACH, FL 33069	CTORS		· · · · · · · · · · · · · · · · · · ·	₹₹ 100000 05/09/05-	365005 80017-022	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>-</u>	DO N	OT W	RITE	-

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 trusted exports of the corporation or the receiver or trusted exports of the corporation of the receiver or trusted exports of the corporation of the receiver of the corporation of the receiver of trusted exports of the corporation of the receiver of trusted exports of the corporation of the receiver of trusted exports of the corporation of the receiver of trusted exports of the corporation of the receiver of trusted exports of the corporation of the receiver of trusted exports of the corporation of the receiver of trusted exports of the corporation of the receiver of trusted exports of the corporation of the receiver of trusted exports of the corporation of the receiver of trusted exports of the corporation of the receiver of trusted exports of the corporation of the receiver of trusted exports of the corporation of the corporation of the receiver of trusted exports of the corporation of the corpora

SIGNATURE: 2

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Belcher President

Dale 200 05

IN THIS SPACE

954-943-6949