2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 29, 2006 8:00 am Secretary of State 03-29-2006 90116 021 ***150.00 DOCUMENT # P01000037568 RICK VERRAN CUSTOM WOODWORKING, INC. **GDD#TFA** Principal Place of Business Mailing Address 1431 S.W. 1ST AVENUE 1431 S.W. 1ST AVENUE FT LAUDERDALE, FL 33315 FT LAUDERDALE, FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 65-1115524 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERRAN, RICK Street Address (P.O. Box Number is Not Acceptable) 1431 S.W. 1ST AVENUE FT LAUDERDALE, FL 33315 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition ☐ Change NAME VERRAN, RICK NAME STREET ADDRESS 2961 S.W. 17TH PLACE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL-33312 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED