2004 FOR PROFIT CORPORATION

Apr 26, 2004 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P01000061202 1. Entity Name WESTSIDE WOODWORKS, INC. Principal Place of Business Mailing Address 7822 LEO KIDD AVE. 8159 TRANQUIL DRIVE PORT RICHEY, FL 34668 SPRINGS HILL, FL 34606 No Cha-P CR2E034 (10/03) 04192004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3726079 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE SICIAK, CARL J U00000128754 04/26/04-80051-019 150.00 NAME 8159 TRANQUIL DRIVE STREET ADDRESS SPRINGS HILL, FL 34606 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inclicated 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.

SIGNATURE:

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

FILED