2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112289

Entity Name: ADIRONDACK WOODWORKING INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

23330 OAK LANE SORRENTO, FL 32776

Current Mailing Address: New Mailing Address:

23330 OAK LANE SORRENTO, FL 32776

FEI Number: 59-3757215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRASSNER, GARY
23330 OAK LANE
SORRENTO, FL 32776 US
STRASSNER, MICHELLE M
23330 OAK LANE
SORRENTO, FL 32776 US

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.

SIGNATURE: MICHELLE M. STRASSNER 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: DPS (X) Change () Addition Name: STRASSNER, GARY Name: STRASSNER, GARY L

 Name:
 STRASSNER, GARY
 Name:
 STRASSNER, GARY L

 Address:
 23330 OAK LANE
 Address:
 23330 OAK LANE

 City-St-Zip:
 SORRENTO, FL 32776
 City-St-Zip:
 SORRENTO, FL 32776

Title: VD () Delete Title: () Change () Addition
Name: BARTLETT JEFF
Name:

 Name:
 BARTLETT, JEFF
 Name:

 Address:
 3082 POVERTY LANE
 Address:

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition Name: STRASSNER, MICHELLE M STRASSNER, MICHELLE M

Address: 23330 OAK LANE Address: 23330 OAK LANE City-St-Zip: SORRENTO, FL 32776 City-St-Zip: SORRENTO, FL 32776

Title: T () Delete Title: () Change () Addition

 Name:
 STRASSNER, MICHELLE
 Name:

 Address:
 23330 OAK LANE
 Address:

 City-St-Zip:
 SORRENTO, FL 32776
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE M. STRASSNER S/T 04/30/2008