2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# P03000008437

Entity Name: FRICKEN WORKS, INC

Current Principal Place of Business:

9460 134TH WAY NORTH
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

9460 134TH WAY NORTH
SEMINOLE, FL 33776 US

New Mailing Address:

FEI Number: 20-0859838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, JEFF
9460 134TH WAY NORTH
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MAKOWSKI, JANELLE
Address: 11209 SPRING STREET
City-St-Zip: LARGO, FL 33774

Title: D ( ) Delete
Name: MAKOWSKI, BOB
Address: 11209 SPRING STREET
City-St-Zip: LARGO, FL 33774

Title: S ( ) Delete
Name: MASSIE, CINDY
Address: 19 ISLAND DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: VP ( ) Delete
Name: MASSIE, DAVE
Address: 19 ISLAND DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D ( ) Delete
Name: KING, PAM
Address: 9460 134TH WAY
City-St-Zip: SEMINOLE, FL 33776

Title: P ( ) Delete
Name: KING, JEFF
Address: 9460 134TH WAY
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JANELLE MAKOWSKI T 03/19/2008

Electronic Signature of Signing Officer or Director Date