2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021642

Name:

Address:

City-St-Zip:

SCOLARICI, JOE

220 NW 46TH ST

FORT LAUDERDALE, FL 33309

Entity Name: LEWIS ADKINS WOODWORKS CO

FILED Jan 11, 2006 Secretary of State

Entity Name: LEWIS ADKINS WOODWORKS, CORP.							
Current Principal Place of Business:					New Principal Place of Business:		
220 NW 46TH ST. FORT LAUDERDALE, FL 33309					4555 NE 6TH AVE OAKLAND PARK, FL 33334		
Current Mailing Address:					New Mailing Address:		
220 NW 46TH ST. FORT LAUDERDALE, FL 33309					4555 NE 6TH AVE OAKLAND PARK, FL 33334		
FEI Number:	86-1086078	FEI Numb	er Applied For()	FEI Numi	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
SCOLARICI, JOE 220 NW 46TH ST. FORT LAUDERDALE, FL 33309 US					SCOLARICI, JOE 4555 NE 6TH AVE OAKLAND PARK, FL 33334 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: JOE SCOLARICI					01/11/2006		
		j Trust Fund	e of Registered Age Contribution ().		ADDITIONS/CHANGE	Date ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () ADKINS, LEWIS 321 MAIN ST SABASTIAN, FL			1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () ADKINS, PATRI 321 MAIN ST SABASTIAN, FL			1	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D ()	Delete		-	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOE SCOLARICI D 01/11/2006