


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90147 017 ***150.00

DOCUMENT # P03000030015		
1. Entity Name MODERN MASTERS OF WOOD & STEEL, INC.		

Principal Place of Business 565 MCCracken RD LAKE HELEN, FL 32744	Mailing Address 565 MCCracken RD LAKE HELEN, FL 32744
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2. Principal Place of Business 513 E. KICKLIGHTER RD	3. Mailing Address 513 E. KICKLIGHTER RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE HELEN, FL.	City & State LAKE HELEN, FL.
Zip 32744-3505	Zip 32744-3505
Country U.S.	Country U.S.

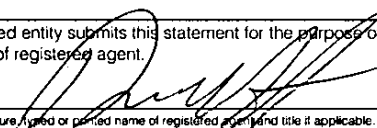
40043010



03232006 Chg-P CR2E034 (11/05)

4. FEI Number 54-2103669		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HORNE, DONALD 565 MCCracken RD LAKE HELEN, FL 32744		
7. Name and Address of New Registered Agent Name DONALD HORNE Street Address (P.O. Box Number is Not Acceptable) 513 E. KICKLIGHTER RD. City LAKE HELEN FL Zip Code 32744-3505		

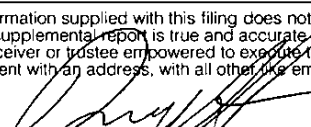
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DONALD HORNE, PRESIDENT** 03/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HORNE, DONALD B 565 MCCracken RD LAKE HELEN, FL 32744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 513 E. KICKLIGHTER RD. LAKE HELEN, FL 32744-3505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D MCCRACKEN, GARY E 340 MCCracken RD LAKE HELEN, FL 32744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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.

SIGNATURE:  **DONALD B. HORNE, PRES.** 03/23/06 (386) 228-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #