

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 29, 2004 8:00 am  
Secretary of State**

04-29-2004 90357 036 \*\*\*150.00

DOCUMENT # P03000041714		
1. Entity Name VERMONT TRIM MASTER, INC.		

Principal Place of Business 728 SW 14 COURT FT LAUDERDALE, FL 33315	Mailing Address 728 SW 14 COURT FT LAUDERDALE, FL 33315		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip _____	Country _____	Zip _____	Country _____
6. Name and Address of Current Registered Agent			
GODKIN, KENNETH 728 SW 14 COURT FT LAUDERDALE, FL 33315			
7. Name and Address of New Registered Agent			
Name _____			
Street Address (P.O. Box Number is Not Acceptable) _____			
City _____			
FL Zip Code _____			

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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
<p>TITLE D NAME GODKIN, KENNETH STREET ADDRESS 728 SW 14 COURT CITY-ST-ZIP FT LAUDERDALE, FL 33315</p> <p><input type="checkbox"/> Delete</p>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
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<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>

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 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:   
4/24/04 (954) 817-3841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_