


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90041 013 ***150.00

DOCUMENT # P03000058508 1. Entity Name FULLWERKS INC.					
Principal Place of Business 595 N.W. 159TH AVENUE PEMBROKE PINES, FL 33028			Mailing Address 595 N.W. 159TH AVENUE PEMBROKE PINES, FL 33028		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 74-3099419	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HETHINGTON, VINCENT 24243 N.W. 8TH AVENUE #4 MILWAUKEE, FL 33147 <i>20010 N.W. 34th Ct</i> <i>Miami Gardens, FL</i> <i>33028</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>20010 N.W. 34th Ct</i> City <i>Miami Gardens</i> FL Zip Code <i>33028</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BAILEY, GREGORY 595 N.W. 159TH AVENUE PEMBROKE PINES, FL 33028		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	
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: <i>Gregory Bailey</i> July 24 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

Fullwerks, Inc.
595 N.W. 158th Ave.
Pembroke Pines FL 33028

40126888
P03000058508

July 5, 2007

Florida Department of State
Secretary of State
Division of Corporations

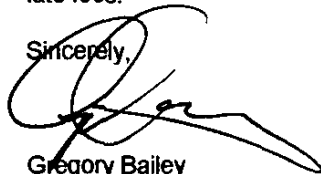
Dear Sir or Madam:

Please accept this Payment of \$150.00 for the Annual Report for Fullwerks, Inc.

This request is being made on the fact that the corporation had not received the annual report for 2007 and Registered Agent had changed his address and also had not received this report. As owner of the said corporation I was unaware these reports had not been filed until I received the notice of intent to dissolve.

Based on this fact and none receipt of reports I ask that you please accept this request for wavier of late fees.

Sincerely,



Gregory Bailey
Owner, Fullwerks, Inc.