## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 26, 2006 08:00 AM DOCUMENT # P03000070675 **Secretary of State** WOODMEISTER CRAFTS, INC. Principal Place of Business Mailing Address 5302 S.W. 87TH TERRACE 5302 S.W. 87TH TERRACE COOPER CITY, FL 33328 COOPER CITY, FL 33328 01112006 CR2E034 (11/05) No Cho-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0090664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OVERFIELD, JAMES EDWARD DO NOT WRITE 5302 S.W. 87TH TERRACE COOPER CITY, EL-53328 IN THIS SPACE right the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits the obligations of registered a SIGNATURE edistant and title if spallcable (NOTE: Registered Agent signature required when reinstating) 1000000534867 Election Campaign Financing \$5.00 May 8e FILE NOWIN FEE /8 \$150.00 After May 1, 2006 Fee will be \$550.00 05/08/06-80029-016 150.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE D OVERFIELD, JAMES EDWARD MAME 5302 S.W. 87TH TERRACE STREET ATTORESS COOPER CITY, FL 33328 CATY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET AUDRESS CITY-ST-ZIP ling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and scaused and hat my signature shell have the same legal effect as if made under oath; that I am an officer or director it a skeptie this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if they like empowered. 12. I hereby certify that the information supplied with the inclicated on this report or supplemental report of the corporation or the feceiver or trustee employer. changed, or on an attachment with an addra

AME OF SIGNING OFFICER OR DIRECTOR

**FILED**