2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120422

City-St-Zip:

FILED Jul 07, 2008 Secretary of State

Entity Nar	ne: W&L	FRAMING CORPO	RATION				
Current Principal Place of Business:				New Principal Place of Business:			
	TTSWOODE ANGE, FL 3						
Current Mailing Address:				New Mailing Address:			
	TTSWOODE ANGE, FL 3						
FEI Number:	83-0374939	FEI Number App	lied For() FEI Nu	mber Not Appl	icable ()	Certificate of Status Des	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ALL FLORIDA FIRM INC 813 DELTONA BLVD SUITE A DELTONA, FL 32725 US				DAYTONA SOLUTIONS! INC 524 S. SEGRAVE STREET SUITE 2 DAYTONA BEACH, FL 32114 US			
The above in the State	named entite of Florida.	ty submits this state	ement for the purpose of	of changing i	ts registered o	office or registered age	nt, or both,
SIGNATURE: CLAUDIA SLY				07/07/2008			
	Electr	onic Signature of R	Registered Agent			Date	
		.193(2)(b), F.S., the co cing Trust Fund Contri	rporation did not receive ibution ().	the prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VASQUEZ, 0 1739 SPOTT	() Delete CLARA A FSWOODE CT. IGE, FL 32128		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	ARANDA, CA 1739 SPOTT	() Delete AROLINA FSWOODE COURT IGE, FL 32128		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address:		() Delete		Title: Name: Address:	ACUNA, GLADY) Change (X) Addition YS BRANCH DRIVE. B	

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

City-St-Zip:

PORT ORANGE, FL 32129

SIGNATURE: CLARA VASQUEZ Ρ 07/07/2008