2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P03000147901 1. Entity Name CUSTOM INTERIOR TRIM INC. Principal Place of Business Mailing Address 1210 OAK VALLEY BLVD 1210 OAK VALLEY BLVD CLERMONT, FL 34711 CLERMONT, FL 34711 04252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 16-1689467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLASS, FAUL E DO NOT WRITE 1210 OAK VALLEY BLVD CLERMONT, FL 34711 IN THIS SPACE 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. DATE Signalute, typed or printed name of registered agent and title if epplicable. INDIE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 11000000555176 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 05/16/06-80024-010 150.**00** OFFICERS AND DIRECTORS 13. TITLE NAME GLASS, PAUL E 1210 OAK VALLEY BLVD. STREET ADDRESS CLERMONT, FL 34711 CITY-ST-ZIP STLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CUTY-ST-ZIP IN THIS SPACE 7(7) # NAME STREET ADDRESS CCTY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 113, 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 path; 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY ST-ZIP

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED