2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) ~

Feb 12, 2007 8:00 am Secretary of State DOCUMENT # P03000152099 1. Entity Namo 02-12-2007 90094 002 ***150.00 BRIGMAN WOODWORKING INC. Principal Place of Business Mailing Address 356 83RD ST 356 83RD ST MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 356 83RI 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-0490526 Marathon Marathon Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired M<u>onro e</u> 33050 Manero Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 356 83RD MARATHON FL 33050 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE HILE Delete Change ☐ Addition BRIGMAÑ, WILLIAM G JR NAME NAME 356 83RD ST STREET ADDRESS STREET ADDRESS MARATHON FL 33050 CITY-ST-ZIP CITY - ST - ZIP STD 12214 ☐ Delete TITLE ☐ Change ☐ Addition BOOKMAN, LINDA K NAME 356 83RD ST STREET ADDRESS STREET ADDRESS MARATHON FL 33050 CHY-SI-ZIP CITY-ST-ZIP THEF Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP HILE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete THE Change Addition NAME STREET ADDRESS STRUET ADORESS CITY-ST-ZIP CITY-SI-ZIP DHE ☐ Delete HILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-S1-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED