## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000027536

1. Entity Name SUNSWEPT HARDWOODS, INC.



Principal Place of Business

Mailing Address

8801 NW 14 ST

PEMBROKE PINES, FL 33024

8801 NW 14 ST

PEMBROKE PINES, FL 33024

## FILED Jan 29, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For

20-0728641

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMAHON, KENNETH 8801 NW 14 ST PEMBROKE PINES, FL 33024

## DO NOT WRITE IN THIS SPACE

FEMBRORE FINES, FL 33024			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_	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.	gnic	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
1	D MCMAHON, KENNETH 8801 NW 14 ST PEMBROKE PINES, FL 33024	`			U00000609034
TITLE NAME SIREET ABORESS CITY-ST-ZIP					02/01/07-80035-008 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CSTY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					9. Florida Statistas I further certify that the information

12. Hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I furture 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 cath; 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.

SIGNATURES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENDERT WEMATEN

1-24-07

(934) UN -858