

From:

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90090 042 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

20015333



02272006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000034856		
1. Entity Name 357 CUSTOMS, INC.		

Principal Place of Business 813 ORIENTA DR ALTAMONTE SPRINGS, FL 32701	Mailing Address 813 ORIENTA DR ALTAMONTE SPRINGS, FL 32701
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2. Principal Place of Business 7115 BAKERS BRIDGE AVE	3. Mailing Address 7115 BAKERS BRIDGE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRENTWOOD, TN	City & State BRENTWOOD, TN	4. FEI Number 05-0597358	Applied For <input type="checkbox"/> Not Applicable
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Zip 37027	Country USA	Zip 37027	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DECUBELLIS, MEEKS & UNCAPHER, P.A. 2205 FALKNER ROAD ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$160.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MUSCATO, NICHOLAS J. 813 ORIENTA DRIVE ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DANIEL BAUBERS 7115 BAKERS BRIDGE AVE BRENTWOOD, TN 37027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Baubers* 3/3/06 615. 495-0622
DATE DAYTIME PHONE #