


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90242 011 \*\*\*150.00

DOCUMENT # P04000113820	
1. Entity Name EXOTIC IMPORTED HARDWOODS, INC.	

Principal Place of Business PO BOX 1184 TARPON SPRINGS, FL 34688	Mailing Address PO BOX 1184 TARPON SPRINGS, FL 34688
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1464845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SMIRLIS, MARGUERITE 1625 NEBRASKA AVE PALM HARBOR, FL 34683
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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 _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TSANGARINOS, JOHN T 1625 NEBRASKA AVE PALM HARBOR, FL 34683 <i>3484 Snowy Egret Ct Palm Harbor, FL 34683</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMIRLIS, MARGUERITE 1625 NEBRASKA AVE PALM HARBOR, FL 34683 <i>3484 Snowy Egret Ct Palm Harbor, FL 34683</i>
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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: <i>Marguerite Smirlis</i>	4-6-07	7272782742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #