## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 17, 2007 8:00 am Secretary of State

| Mailre Address   2061 N 23RD 15RB   2061 N 23RD 15RB   27   1   2   2   2   2   2   2   2   2   2   | DOCUMENT # P04000143673  1. Entity Name THE FIBERGLASS SHOP OF FT. LAUDERDALE, CORP. |  |                                 |                               |                           | 07-17-2007 90108 007 ***158.75  |                            |                |  |
|---|--|--|---------------------------------|-------------------------------|---------------------------|---|----------------------------|----------------|--|
| Prince of Place of Business - No PO_Box   | •  |  | · •                             |                               | 40125                     | 40125646  |                            |                |  |
| Suite, Apt #, etc.    Suite, Apt #, etc.   O7162007   Chg-P   CR2E034 (12/06)   Suite, Apt #, etc.   O7162007   Chg-P   CR2E034 (12/06)   Suite, Apt #, etc.   O7162007   Chg-P   CR2E034 (12/06)   Applied For Moderate of Land Address of Current Registered Agent   Applied For Moderate of Status Desired   XC   Sa.7 S. Additional For Registered Agent   Applied For Registere            |  |  |                                 |                               |                           | I a leasthan an ann aigh agun agun agun agun agun agun alla alead bhla bhla ceada bhlica in least |                            |                |  |
| Applicative County   S.7.5 Additional Proposed   S.7.5 Additional   County   S.7.5 Additional   County                | 2001 3W 20th ST  |  | 1401 SW 28th Huc                |                               |                           | -   |                            |                |  |
| Steel Address   Steel Addres              | Bay 120  |  |                                 |                               | $\sim$ $-$                |   |                            |                |  |
| S331/5  | Zin State  | audendale +1   |                                 | <del></del>                   | 4                         |   | N 00.75                    | ot Applicable  |  |
| Name  | 333  | 15 USA   | 33312                           |                               | į                         |   | Fee Require                | ditional<br>ed |  |
| Street Address (P.O. Box Number is Not Acceptable)  |  |  |                                 |                               | 7. Haine and              | Address of New I  | registeres Agent           |                |  |
| ## S. 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, types or private represented agent up to live it applicables. (IAOTE Repostered Apent Representative required when remeaning).  ### PILE NOWITH FEE IS \$150.00  ### Deep September 14, 2007  ### PILE NOWITH FEE IS \$150.00  ### Deep September 14, 2007  ### PILE NOWITH FEE IS \$150.00  ### Deep September 14, 2007  ### PILE NOWITH FEE IS \$150.00  ### Deep September 14, 2007  ### PILE NOWITH FEE IS \$150.00  ### Deep September 14, 2007  ### PILE NOWITH FEE IS \$150.00  ### Deep September 14, 2007  ### PILE NOWITH FEE IS \$150.00  ### Deep September 14, 2007  ### PILE NOWITH FEE IS \$150.00  ### Deep September 14, 2007  ### PILE NOWITH FEE IS \$150.00  ### Deep September 14, 2007  ### PILE NOWITH FEE IS \$150.00  ### Deep September 14, 2007  ### PILE NOWITH FEE IS \$150.00  ### Deep September 14, 2007  ### Deep September 1 | 1401 SW 28TH AVE ,   |  |                                 |                               | ress (P.O. Box Numb       | er is Not Acceptabl   | e)                         |                |  |
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| SIGNATURE   Signature, typical or priviled internal of the of applicative.   (NOTE: Registered Agent signature resultered when revealatority)   DAT   |  |  |                                 |                               |                           |   | FL                         |                |  |
| Signature, Lipical or perinda name of registered agent and all application.   Policie   Polici              |  |  | the purpose of changing its re  | egistered office or re        | gistered agent, or bo     | th, in the State of Fl  | orida. I am familiar with  | , and accept   |  |
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| STREET ADDRESS STREET ADDRESS   | STREET ADDRESS   |  |                                 | STREET ADDRESS                |                           |   |                            |                |  |
| CITY-ST-ZIP CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing deep not quarry for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information  |  | pertify that the information supplied with             | this filing does not qually for |                               | tained in Chanter 119     | 9 Florida Statutes  | L further certify that the | information    |  |

indicated on this report or supplemental report is true and accurrate 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 truetee dispowered 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: \_

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 13, 2007 954-232-3030