2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2007 08:00 AM Secretary of State DOCUMENT # P04000148167 COMPLETE CLOSERS, INC. Principal Place of Business Mailing Address 1716 LORIANA ST 1716 LORIANA ST BRANDON, FL 33511 BRANDON, FL 33511 03032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2240042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIU. MAYA E DO NOT WRITE 1716 LORIANA ST BRANDON, FL 33511 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MIU, MAYA E STREET ADDRESS 1716 LORIANA ST BRANDON, FL 33511 TITLE NAME MIU, PETER STREET ADDRESS 1716 LORIANA ST CITY-ST-ZIP BRANDON, FL 33511 U000000667469 03/26/07-80029-020 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 path, that I are an efficient 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.

SIGN	IATU	IRE:
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CITY-ST-ZIP

TITLE
-NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFI

MAYA MIV

3/12/07

813-433-4035

FILED