2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2007 08:00 All Secretary of State **DOCUMENT # P05000024406** 1. Entity Name T & D YACHT REFINISHING, INC. Principal Place of Business Mailing Address **367 SW 65 AVENUE 367 SW 65 AVENUE** MARGATE, FL 33068 MARGATE, FL 33068 CR2E034 (11/05) 02022007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3794412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NGOC DO, THANH DO NOT WRITE 367 SW 65 AVENUE MARGATE, FL 33068 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered egent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9, Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NGOC DO, THANH NAME STREET ADDRESS **367 SW 65 AVENUE** CITY-ST-ZIP MARGATE, FL 33068 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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.

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NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TAPED OF PRINTED

THANH

NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

954-917-1205

Date

Daytime Phone #

FILED