

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028996

FILED
Apr 28, 2009
Secretary of State

Entity Name: CUSTOM CHOPPERWERKS INC.

Current Principal Place of Business:

3061 CARDIFF ST.
PUNTA GORDA, FL 33951 US

New Principal Place of Business:

Current Mailing Address:

4733 E. TRAILS DR.
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 06-1765170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTINE, THOMAS C
4733 E. TRAILS DR.
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALENTINE, THOMAS C
Address: 4733 E. TRAILS DR.
City-St-Zip: SARASOTA, FL 34232

Title: S/T () Delete
Name: ROWE, ROBERT K
Address: 4170 CENTER POINTE CIRCLE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/S (X) Change () Addition
Name: ROWE, ROBERT K
Address: 5629 WHISPERING WILLOW WAY
City-St-Zip: FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ROWE

S/T

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date