

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000045404

1. Entity Name
FRED'S INTERNATIONAL CUSTOMS WOODWOORK,
INC.



Principal Place of Business
6124 HANGING MOSS RD
SUITE 340
ORLANDO, FL 32807

Mailing Address
2846 RED LION SQUARE
WINTER PARK, FL 32792

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6124 Hanging Moss Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 340

City & State

City & State

Orlando, FL 32807

Zip

Zip

32807

Country

USA

01082007 Chg-P CR2E034 (12/06)

4. FEI Number
38-3718068

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GJINI, ALFRED
6124 HANGING MOSS RD
SUITE 340
WINTER PARK, FL 32807

Orlando, FL 32807

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GJINI, ALFRED
2846 RED LION SQUARE
WINTER PARK, FL 32792

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/07

Date Daytime Phone #