

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092287

FILED
Mar 29, 2007
Secretary of State

Entity Name: FENCESCAPE CREATIONS, INC.

Current Principal Place of Business:

437 LAFAYETTE ST SW
PALM BAY, FL 32908

New Principal Place of Business:

Current Mailing Address:

437 LAFAYETTE ST SW
PALM BAY, FL 32908

New Mailing Address:

FEI Number: 20-3087119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, JOSHUA J
437 LAFAYETTE ST SW
PALM BAY, FL 32908 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: DPST () Delete
Name: SILVA, JOSHUA J
Address: 437 LAFAYETTE ST SW
City-St-Zip: PALM BAY, FL 32908

Title: VP () Delete
Name: RAMOS, ALBERT
Address: 437 LAFAYETTE ST SW
City-St-Zip: PALM BAY, FL 32908

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ROSEN, ROBERT
Address: 437 LAFAYETTE ST SW
City-St-Zip: PALM BAY, FL 32908

Title: VP M () Change (X) Addition
Name: FURTADO, ANTHONY
Address: 437 LAFAYETTE ST SW
City-St-Zip: PALM BAY, FL 32908

Title: D () Change (X) Addition
Name: SILVA, ANGEL
Address: 437 LAFAYETTE ST SW
City-St-Zip: PALM BAY, FL 32908

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSHUA J SILVA

DPST

03/29/2007

Electronic Signature of Signing Officer or Director

Date