2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 10, 2007
Secretary of State

DOCUMENT# P05000092287

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

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: ROSEN, ROBERT
Address: 437 LAFAYETTE ST SW
City-St-Zip: PALM BAY, FL 32908

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: 2VP (X) Change ( ) Addition
Name: RICHARDS, BRANDON
Address: 1249 WATERFORD STREET SW
City-St-Zip: PALM BAY, FL 32909

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

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: JOSHUA J SILVA DPST 10/10/2007

Electronic Signature of Signing Officer or Director — Date