


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000005288 1. Entity Name M & D CUSTOM WORKS, INC.	
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Principal Place of Business 1716 LORIANA STREET BRANDON, FL 63351-1	Mailing Address 1716 LORIANA STREET BRANDON, FL 63351-1
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01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4134822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZIPLER, THERESA D 306 E WATERS AVENUE TAMPA, FL 33604	DO NOT WRITE IN THIS SPACE
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIU, PETER 1716 LORIANA STREET BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMROVSKI, EMIL 1716 LORIANA STREET BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIU, MAYA 1716 LORIANA STREET BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMORVSKI, NATALIE 1716 LORIANA STREET BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000940413
05/28/08-60064-011-150.00

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: M. Mia - Maya Mia 4/28/08 813-967-7432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #