2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072900

Entity Name: TOP CUSTOM WOOD FABRICATORS, INC.

GREENACRES, FL 33463 US

City-St-Zip:

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8239 CEDAR HOLLOW LN 3289-F LAKE WORTH RD BOCA RATON, FL 33433 LAKE WORTH, FL 33461 US US **Current Mailing Address: New Mailing Address:** 3289-F LAKE WORTH RD 8239 CEDAR HOLLOW LN BOCA RATON, FL 33433 US LAKE WORTH, FL 33461 US FEI Number: 20-4933792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EAGLE TAX REPRESENTATION, CORP 23150 SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33433 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PASSERE, WANDIR V Name: Name: 8239 CEDAR HOLLOW LN Address: Address: City-St-Zip: BOCA RATON, FL 33433 US City-St-Zip: () Delete Title: VΡ Title: () Change () Addition TOZZI, ANTONIO SILVIO Name: Name: 1810 18 LANE Address: 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: WANDIR V PASSERE P 04/30/2007