2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P06000074594 04-26-2007 90186 026 ***150.00 1. Entity Name RAILS & DETAILS, INC. Principal Place of Business Mailing Address 3140 NW 68 ST 3140 NW 68 ST FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 CR2E034 (12/06) Chq-P City & State City & State Applied For 4. FEI Numbe Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 113 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004 City Zip Code FL 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 it applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P.VP ☐ Delete ☐ Change ☐ Addition TITLE TITLE HAYS, GARY NAME NAME STREET ADDRESS 3140 NW 68 ST STREET ADDRESS FT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP תד ☐ Delete TITLE Change ☐ Addition TITLE NAME HAYS, GARY NAME STREET ADDRESS STREET ADDRESS 3140 NW 68 ST FT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 anachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED