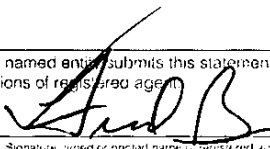


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90096 046 ***150.00

DOCUMENT # P06000096807 1. Entity Name FUTURE FENCE PRODUCTS, INC.					
Principal Place of Business PO BOX 1701 HOBE SOUND, FL 33475			Mailing Address PO BOX 1701 HOBE SOUND, FL 33475		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FFI Number 20-5263653			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BIANCARDI, FRED 5615 SE GRAHAM DRIVE STUART, FL 34997			7. Name and Address of New Registered Agent Name Biancardi, Fred Street Address (P.O. Box Number is Not Acceptable) 7727 SE Heritage BLVD City HOBE SOUND FL 33455		
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  4-27-07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07		
TITLE NAME STREET ADDRESS CITY ST ZIP	P ☐ Delete BIANCARDI, FRED 5615 SE GRAHAM DRIVE STUART, FL 34997	TITLE NAME STREET ADDRESS CITY ST ZIP	Biancardi, Fred ☒ Change ☐ Add 7727 SE Heritage BLVD HOBE SOUND, FL 33455		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add		
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 supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath by me, 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 changed or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4-27-07 6727 260-6565					