


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90041 047 ***150.00

DOCUMENT # P06000129298	
1. Entity Name FURRING MASTER INC.	

Principal Place of Business 7309 WILLOW SPRING CIRCLE W BOYTON BEACH FL 33436 US	Mailing Address 7309 WILLOW SPRING CIRCLE W BOYTON BEACH FL 33436 US
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2. Principal Place of Business - No P.O. Box # 4816 CHA CHA CT	3. Mailing Address 4816 CHA CHA CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
Zip 33415	Zip 33415
Country US	Country US

4. FEI Number 20-5710238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARZOLA, JOSHUA 7309 WILLOW SPRING CIRCLE W BOYTON BEACH FL 33436	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 if applicable. (NOTE: Registered Agent signature required when resigning.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARZOLA, JOSHUA		NAME ARZOLA, JOSHUA	
STREET ADDRESS 7309 WILLOW SPRING CIRCLE W		STREET ADDRESS 4816 CHA CHA CT	
CITY-ST-ZIP BOYTON BEACH FL 33436		CITY-ST-ZIP WEST PALM BEACH FL 33415	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARZOLA, JOSE		NAME ARZOLA, JOSE	
STREET ADDRESS 7309 WILLOW SPRING CIRCLE W.		STREET ADDRESS 4816 CHA CHA CT	
CITY-ST-ZIP BOYTON BEACH FL 33436		CITY-ST-ZIP WEST PALM BEACH FL 33415	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:  **JOSHUA ARZOLA** **4-21-07 (561) 860-3196**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #