2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 22, 2007 8:00 am Secretary of State

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DOCUMENT # P06000134095 1. Entity Name TODD'S CUSTOM WOODWORKING, INC.							130.00
Principal Plac	e of Business ·	Mailing Address	<u></u>	 1	68	016037	
16709 KODI Odessa, Fl	LANE	16709 KODI LANE Odessa, FL 33556			-		
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			81812 81814 81811 8181 8181		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032007	Chg-P	CR2E034 (12/06)
City & State		City & State		4. FEI Numb	6-2640	1521	pplied For
Zip	Country	Zip	Country		of Status Desired	\$8.75 Ac	
	6. Name and Address of Curren	I Registered Agent	<u> </u>	7. Name and	Address of New R	<u>-</u>	- ec
		 	Name	-			
BARTH, TODD 16709 KODI LANE ODESSA. FL 33556			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
ODLOUA	7 L 00000						
1			City			FL Zip Co	de
6. The above the obligat	named entity submits this statement fi	or the purpose of changing its	registered office or regis	stered agent, or bo	th, in the State of Flo		, and accept
DICNIATE IDE							
SIGNATURE_	Signature, typed or printed name of registered agen	t and title it applicable (NOT)	Registered Agent signature requ	uired when reinstablig)	 :	DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campai	· · · - •	\$5.00 May Be			_
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campai Trust Fund Cont	ribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND	9. Election Campai Trust Fund Cont	ribution.	\$5.00 May Be Added to Fees	CHANGES TO OFFI	CERS AND DIRECTOR	
		9. Election Campai Trust Fund Cont	ribution.	\$5.00 May Be Added to Fees	CHANGES TO OFFI		RS IN 11
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 advadcless, with all other first empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07

813-323-5345

Dayrime Phone #