2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State
03-31-2008 90037 017 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P07000090395

1. Entity Name
DA VINCI ARCHITECTURAL CAST STONE AND FOAM MOLDINGS INC.

Principal Place of Business	Mailing Address
11401 NINTH ST N. ST. PETERSBURG FL 33716	P.O. BOX 275 ODESSA FL 33556

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
[illegible]	~~P.O. Box 275~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ~~Odessa FL~~
Zip / Country	Zip ~~33556~~ / Country [illegible]

4. FEI Number 77-0694623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRAKE, JAMES
11401 NINTH ST N.
ST. PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAKE, PETER 11401 NINTH ST N. ST. PETERSBURG FL 33716 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: J. Peter Brake 3/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #