

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000032777

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: MILLWORK INTERNATIONAL, INC.

## Current Principal Place of Business:

930 BRITT CT #124  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

3031 S. MELLONVILLE AVE  
BLDG 400C  
SANFORD, FL 32773

## Current Mailing Address:

930 BRITT CT #124  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

3031 S. MELLONVILLE AVE  
BLDG 400C  
SANFORD, FL 32773

FEI Number: 59-3241328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIPPERFIELD, MARK A  
930 BRITT CT #124  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

CHAUVIN, DAVID A PRES.  
3031 S. MELLONVILLE AVE  
BLDG 400C  
SANFORD, FL 32773 US

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.

SIGNATURE: DAVID A. CHAUVIN

04/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHAUVIN, DAVID  
Address: 840 SUTTON LOOP  
City-St-Zip: LONGWOOD, FL

Title: VP (X) Delete  
Name: CHIPPERFIELD, MARK A  
Address: 1921 SHADYHILL TERRACE  
City-St-Zip: WINTER PARK, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: CHAUVIN, DAVID A PRES  
Address: 124 HEATHERBROOKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA T. ADAIR III

OM

04/11/2008

Electronic Signature of Signing Officer or Director

Date