

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000031165

FILED
Feb 17, 2005
Secretary of State

Entity Name: DURA DECK INTERNATIONAL INC.

Current Principal Place of Business:

7904 SADDLEBROOK DR
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

8072 KIAWAH TRACE
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

7904 SADDLEBROOK DR
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

8072 KIAWAH TRACE
PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-0571238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLASSEN, VICTOR
7904 SADDLEBROOK DR
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

KLASSEN, VICTOR
8072 KIAWAH TRACE
PORT SAINT LUCIE, FL 34986 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:

02/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: KLASSEN, VICTOR
Address: 7904 SADDLEBROOK DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Delete
Name: KLASSEN, BRYAN
Address: 7904 SADDLEBROOK DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: KLASSEN, HELEN
Address: 7904 SADDLEBROOK DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: KLASSEN, VICTOR
Address: 8072 KIAWAH TRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP (X) Change () Addition
Name: KLASSEN, BRYAN
Address: 8072 KIAWAH TRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T (X) Change () Addition
Name: KLASSEN, HELEN
Address: 8072 KIAWAH TRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VICTOR KLASSEN

PS

02/17/2005

Electronic Signature of Signing Officer or Director

Date