


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jul 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000054448**  
 1. Entity Name  
**FINELINE CUSTOM FURNITURE INC.**



Principal Place of Business      Mailing Address  
**4900 AUSTRALIAN AVE**      **4900 AUSTRALIAN AVE**  
**WEST PALM BEACH, FL 33407**      **WEST PALM BEACH, FL 33407**

**DO NOT WRITE IN THIS SPACE**



07102007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0602199</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DOUGLAS, TOM**  
**4900 AUSTRALIA AVENUE**  
**WEST PALM BEACH, FL 33407**

**DO NOT WRITE IN THIS SPACE**

**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)

U00000770006  
 07/23/07-80006-006-150.00  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

**9. Election Campaign Financing Trust Fund Contribution.**        **\$5.00** May Be Added to Fees

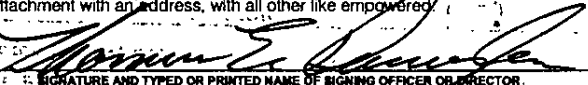
In accordance with s. 607.193(2)(b), F.S.; the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUGLAS, TOM 4900 AUSTRALIAN AVE WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDMAN, LEONARD 6191-2 RIVERWALK LANE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**       **7/18/07**      **561-845-7552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #