


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000038053		
1. Entity Name COMMERCIAL FORMING CORP SOUTH		

FILED
07 MAY 11 PM 1:24

STATE
OF FLORIDA

Principal Place of Business 1844-46 N.W. 21ST STREET POMPANO BEACH, FL 33069	Mailing Address 1844-46 N.W. 21ST STREET POMPANO BEACH, FL 33069
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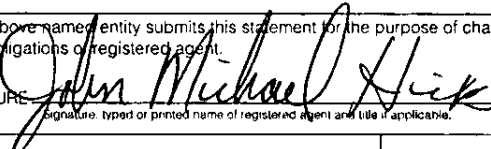


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

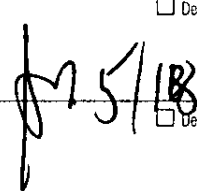
05072007 Chg-P CR2E034 (12/06)

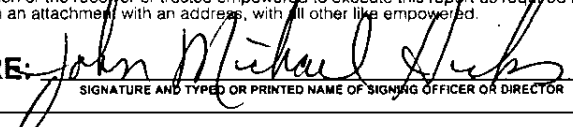
4. FEI Number 65-0667977		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRIEUR, THOMAS 296 BARBADOS DRIVE JUPITER, FL 33458		7. Name and Address of New Registered Agent Name John Michael Hicks Street Address (P.O. Box Number is Not Acceptable) 1844-46 N.W. 21st St. City Pompano Beach FL Zip Code 33069	
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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 	DATE 5/9/07

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HICKS, JOHN MICHAEL 13351 S.W. 36ST COURT DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hicks, John Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13351 S.W. 36st Court DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIEUR, THOMAS 296 BARBADOS DR JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103096953 05/23/07--01014--018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 5/9/07 DAYTIME PHONE: 954-970-7671