


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000061859</b> 1. Entity Name INTERNATIONAL MAHOGANY MILLWORK, INC.	
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Principal Place of Business KM7 CARRETERA A LA LIMA - ZIP CALPUES SAN PEDRO SULA, HONDURAS CENTRAL AMERICA,	Mailing Address 360 CENTRAL AVE STE 1320 SAINT PETERSBURG, FL 33701
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3406421	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  DELANO, G. KRISTIN 360 CENTRAL AVE SUITE 1320 SAINT PETERSBURG, FL 33701
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTSOCK, BILL JR 7667 MARKET STREET CANTON, MI 48187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PINKERTON, CHARLES A III 600 EAGLE WATCH LANE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIBER, MICHAEL J 600 EAGLE WATCH LANE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLCOZ, PEDRO KM 7 CARRETERA A LA LIMA - ZIP CALPUES SAN PEDRO SULA, HONDURAS C A,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PITZ, JAMES P 1424 STRAITS DRIVE BAY CITY, MI 48706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000075308 03/03/04-80054-013 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** James P Pitz **1-23-04** **989-684-5088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #