2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 08:00 A Secretary of State **DOCUMENT # P96000099607** 1. Entity Name CLASSIC WOOD INDUSTRIES, INC. Mailing Address Principal Place of Business 4460 N. GOLDENROD RD. P.O. BOX 4606 WINTER PARK, FL 32793 WINTER PARK, FL 32792 CR2E034 (11/05) 04042007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3419927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired - Fee Required -6. Name and Address of Current Registered Agent VAUGHAN, DEBORAH DO NOT WRITE 4460 N. GOLDENROD RD. WINTER PARK, FL 32792 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 alignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 U00000703250 OFFICERS AND DIRECTORS 10. IIILE VAUGHAN, DEBORAH NAME 4460 N GOLDENROD RD STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attachryphy with an address, with all other like simpowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SKING OFFICER OR DIRECTOR