


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90095 050 \*\*\*150.00

<b>DOCUMENT # P97000020213</b> 1. Entity Name <b>BENOIT WOODCRAFTERS, INC</b>	
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Principal Place of Business <b>4530 63RD CIRCLE NORTH PINELLAS PARK, FL 33781 US</b>	Mailing Address <b>4530 63RD CIRCLE NO PINELLAS PARK, FL 33781 US</b>
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**DO NOT WRITE IN THIS SPACE**

40076473



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3433014</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

**BENOIT, ROSEMARY  
4530 63RD CIRCLE NO  
PINELLAS PARK, FL 33781**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BENOIT, ROSEMARY 4530 63RD CIR NO PINELLAS PARK, FL 33781</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP BENOIT, RAYMOND D. 4530 63RD CIRCLE NO PINELLAS PARK, FL 33781</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BENOIT, JOSEPH W. 4530 63RD CIRCLE NO PINELLAS PARK, FL 33781</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-07