2006 FOR PROFIT CORPORATION

Apr 24, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P98000006137 1. Entity Name D & L CUSTOM INTERIOR TRIM, INC. Mailing Address Principal Place of Business **500 DUQUE RD 500 DUQUE RD** LUTZ, FL 33549 LUTZ, FL 33549 CR2E034 (11/05) 04012008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3493267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BURCHER, RICHARD 500 DUQUE RD **LUTZ. FL 33549** 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 Abert signature required when reinstating) C. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 — After May 1, 2006 Fee will be \$550.00 U00000525308 Trust Fund Contribution. Added to Fees 05/04/06-80027-019 150.00 OFFICERS AND DIRECTORS 10. DPST TITLE BURCHER, RICHARD MAME STREET ADDRESS 500 DUQUE RD CITY-ST-ZIP **LUTZ, FL 33549** TITLE BURCHER, LORRAINE J NAME STREET ADDRESS 500 DUQUE RD CITY-ST-ZIP LUTZ, FL 33549 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 717) F STREET ACCORESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 it 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 ettachment with an address, with all other like empowered.

STREET ADERESS City-St-Zip TITLE NAME STREET ADDRESS

FILED