2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 08, 2007 08:00 A Secretary of State DOCUMENT # P99000059250 1. Entity Namo DANS CUSTOM WOODWORKING, INC. Principal Place of Business Mailing Address 870 INDUSTRIAL COURT 870 INDUSTRIAL COURT PENSACOLA FL 32505-1900 PENSACOLA FL 32505-1900 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. # ctc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3588378 City & State City & Stato Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRANJEC, MLADEN S 2523 BAYVIEW WAY Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503-4366 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 agont. KNOINIEC. FILE NOW!!! FEE IS \$150.00 9. Élection Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mu. ☐ Delete ME Change ☐ Addition KRANJEC, MLADEN S 000000627216 02/15/07-80052-006 150.00 NAME 870 INDUSTRIAL COURT STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505-1900 CITY-ST-ZIP CITY - ST - ZIP HILE ☐ Delete Change ☐ Addition KRANJEC, LJERKA S NAME 870 INDUSTRIAL COURT STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505-1900 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST-ZIP ШЦ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP TITLE Delete IIILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILL Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHTY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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.

KVOINIRC 2-5-07 (850)
OFFICER OR DIPLECTOR