


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90018 016 \*\*\*158.75

<b>DOCUMENT # P99000061336</b>	
1. Entity Name <b>MASTERCRAFT WOOD INTERIOR, INC.</b>	

Principal Place of Business <b>4167 N DIXIE HIGHWAY POMPANO BEACH, FL 33064</b>	Mailing Address <b>11546 NW 41 STREET CORAL SPRINGS, FL 33065</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062004 Chg-P CR2E034 (10/03)



4. FEI Number <b>65-0936855</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WAITE, VECOUS 11546 NW 41 STREET CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME STREET ADDRESS CITY-ST-ZIP	<b>WAITE, RANDALL 720 NW 46 AVE PLANTATION, FL 33317</b> <input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	<b>Waite Randall 5840 NW 16th St. Sunrise Florida 33313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME STREET ADDRESS CITY-ST-ZIP	<b>WAITE, LORETTA 11546 NW 41 STREET CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME STREET ADDRESS CITY-ST-ZIP	<b>WAITE, VECOUS 11546 NW 41 STREET CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 # \_\_\_\_\_