2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 09, 2007 08:00 A Secretary of State DOCUMENT # P99000081864 1. Entity Name PG WOODCRAFTS, INCORPORATED Principal Place of Business Mailing Address 2323 WILSON ST. 2323 WILSON ST. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number _65-0947174 City & Stato City & State Applied For Not Applicable Ζıp Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOYTS, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 2323 WILSON ST. HOLLYWOOD FL 33020 City Zip Codo 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 DATE Signature, typed or printed name of registered apeut and lifte if applicable (NOTE Registered Agent signature required when reinstitutal) FILE NOW!!! FEE IS \$150.00 9. Election 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILL ☐ Change Addition Inte Detete WOYTS, JONATHAN P NAMI NAME 2323 WILSON ST. STREET ADORESS SERFET ADDRESS U00000696009 HOLLYWOOD FL 33020 CHY-ST-ZIP CHY-SI-7IP 04/17/07-80084-008_{and}50-04_{dulion} ☐ Delcic him 1000 NAMI NAME STREET ADDRESS STRUCT ADDRESS CHY-SI-ZIP CHY-SI-7IP Ш Change Addition MILE ☐ Delete NAMI NAME. STRUET ADDRESS STREET ADDRESS CHY-ST-7IP CHY+ST-ZIP ☐ Change Defete Addition 1001 HH NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-ZIP Change Addition 11111 ☐ Delete BIRL NAML NAMI' STREET ADDRESS STREET ADDRESS CHY-SI-7P CHY-SI-ZIP Change Addition THE Delete IIII), NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP 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 eath; that I am an efficiency 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: OH - OH - OT (954) 188 7628