
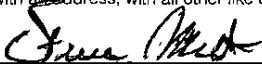


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
CLERK OF STATE
DIVISION OF CORPORATION...

04 MAR 22 PM 4:40

DOCUMENT # S65171 1. Entity Name MASONITE HOLDINGS, INC.					
Principal Place of Business ONE NORTH DALE MABRY HWY., #950 TAMPA, FL 33609			Mailing Address C/O HOLLAND & KNIGHT - ATTN: K. WHEELER POST OFFICE BOX 1288 TAMPA, FL 33601-1288		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REPAR, LAWRENCE V 1600 BRITANNIA RD. E. MISSISSAUGA ONTARIO, ON L421J2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400030899234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TUBBESING, ROBERT V DVT 1600 BRITANNIA RD. E. MISSISSAUGA ONTARIO, ON L4W1J2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, JAMES U D 1600 BRITANNIA RD. E. MISSISSAUGA ONTARIO, ON L4W1J2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 1 N. Dale Mabry Hwy, #950 Tampa, Florida 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MACISAAC, STEVE DV ONE N DALE MABRY SUITE 950 TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERNARDS, PAUL V 1600 BRITANNIA ROAD E. MISSISSAUGA ONTARIO, ON L4W1J2	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Orsingo, Philip 1600 Britannia Rd E, Mississauga Ontario L4W 1J2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MURPHY, ROSE AS ONE N DALE MABRY SUITE 950 TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ulster, Harley Mississauga Ontario L4W 1J2
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: 		Steve MacIsaac, Vice President		March 7, 2004 813-877-2726	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 513607 4303940

AUTHORIZATION :

Patricia Pizante

COST LIMIT : \$ 150.00

ORDER DATE : March 22, 2004

ORDER TIME : 3:43 PM

ORDER NO. : 513607-015

CUSTOMER NO: 4303940

CUSTOMER: Ms. Kathleen Wheeler
Holland & Knight LLP
Suite 4100
100 North Tampa Street
Tampa, FL 33602

ANNUAL REPORT FILING

NAME: MASONITE HOLDINGS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____

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04 MAR 22 PM 4:15
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA