## 2005 FOR PROFIT CORPORATION

## FILED Apr 08, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # S68677 1. Entity Name BEACON WOODCRAFT, INC. Principal Place of Business Mailing Address 4300 NE5 TEFR 4300 NE5TERR OHLANDPARK FL 33334 CAYLANDPATK FL 33334 CR2E034 (10/03) 04052005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0273449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HYVONEN, URHO DO NOT WRITE 4300 NE 5 TERR. OAKLAND PK, FL 33334 IN THIS SPACE . 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 Agent slonature required when relustating) DATE FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HYVONEN, URHO NAME STREET ADDRESS 4300 NE 5 TERR. OAKLAND, FL 33334 CITY-8T-ZIP Un0000293011 04/08/05-80012-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-ZIP

12. Thereby 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 of 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 of the production of the corporation of the

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> MONATURE AND TV MINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05