2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 26, 2007 8:00 am Secretary of State DOCUMENT # M05000006889 03-26-2007 90306 036 ****50 00 REGAL KITCHENS, LLC Principal Place of Business Mailing Address ~~~~3155 4520 MAIN STREET SUITE 1600 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111 KANSAS CITY, MO 64111 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03012007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 20-3929304 Not Applicable Country \$5.00 Additional Zip Country Ζip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM " Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR MGR ☐ Change Addition TITLE Delete TITLE SCOTT FESLER SMITH, ROBERT NAME NAME 4520 MAIN STREET SUITE 1600 STREET ADDRESS 4520 MAIN STREET SUITE 1600 STREET ADDRESS CITY-ST-ZIP KANSAS CITY, MO 64111 CITY-ST-ZIP KANSAS CITY MO 64111 MGR ☐ Delete TITLE ☐ Channe ☐ Addition TITLE SWARTZMAN, STEVE NAME NAME STREET ADDRESS 4520 MAIN STREET SUITE 1600 STREET ADDRESS KANSAS CITY, MO 64111 CITY-ST-ZIP ☐ Change ☐ Addition MGR TITLE □ Delete TITLE SWEENEY, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 4520 MAIN STREET SUITE 1600 CITY-ST-ZIP KANSAS CITY, MO 64111 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SERAPHIM, G.R. SAM NAME NAME STREET ADDRESS STREET ADDRESS 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NEEDHAM, JAMES M NAME NAME STREET ADDRESS 4520 MAIN STREET SUITE 1600 STREET ADDRESS CITY-ST-ZIP KANSAS CITY, MO 64111 CITY-ST-ZIP Addition ☐ Change MGR ☐ Delete TITLE TITLE REED, DAVID H NAME NAME STREET ADDRESS 4520 MAIN STREET SUITE 1600 STREET ADDRESS CITY-ST-ZIP KANSAS CITY, MO 64111 CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

JRE: 3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

Daytime Phone #