2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # P04000007623 1. Entity Name MARTIN CABINETS & RESURFACING, INC. Principal Place of Business Mailing Address 622 SW 15 ST. 622 SW 15 ST. CAPE CORAL, FL 33991 CAPE CORAL, FL 33991 04102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2681538 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARTIN, GEORGE DO NOT WRITE 622 SW 15 ST. CAPE CORAL, FL 33991 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVST une MARTIN, GEORGE HALLE STREET ADDRESS 622 SW 15 ST. U00000704644 CAPE CORAL, FL 33991 CHY-ST-ZIP 04/23/07-80019-012 150,00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAN STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 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 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

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAVE OF SIGNAND OFFICER OR DIRECTOR

4/10/07

139-574-7536

FILED