2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 14, 2006 8:00 am **Secretary of State DOCUMENT # P04000023267** 07-14-2006 90024 012 ***150.00 PARADISE CABINETS, INC. Mailing Address Principal Place of Business 712 WISTERIA DR 712 WISTERIA DR MELBOURNE, FL 32901 MELBOURNE, FL 32901 CR2E034 (11/05) 07112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1638381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SERVETAS, MIKE SR. DO NOT WRITE 712 WISTERIA DR MELBOURNE, FL 32901 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 0 000000 In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE NAME SERVETAS, MIKE SR STREET ADDRESS 712 WISTERIA DR CITY-ST-ZIP MELBOURNE, FL 32901 TITLE SERVETAS, MIKE JR NAME 712 WISTERIA DR STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 TITLE NAME WORTHAM, JEFFREY 3127 GRANADA BAY DR. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MELBOURNE, FL 32934 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. 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 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

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF

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FILED