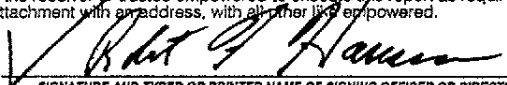


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000028632																																		
1. Entity Name CUPBOARD CONVERTERS INC.																																		
Principal Place of Business 2940 COMMERECE PARK DR BAY #4 BOYNTON BEACH, FL 33426 US	Mailing Address 2940 COMMERECE PARK DR BAY #4 BOYNTON BEACH, FL 33426 US	 02142007 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 20-2451081</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 20-2451081	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																													
4. FEI Number 20-2451081	Applied For Not Applicable																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																		
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent HAUSMANN, ROBERT R 6556 BLUE BAY CIRCLE LAKE WORTH, FL 33467		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees UNIFORM # 47613 03/06/07-80079-013 150.00																																
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">P.</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">HAUSMANN, ROBERT R</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">6556 BLUE BAY CIRCLE</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">LAKE WORTH, FL 33467</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">VP</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">HAUSMANN, ROBERT F</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">7074 FALCON'S RUN</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">LAKE WORTH, FL 33467</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	P.	NAME	HAUSMANN, ROBERT R	STREET ADDRESS	6556 BLUE BAY CIRCLE	CITY-ST-ZIP	LAKE WORTH, FL 33467	TITLE	VP	NAME	HAUSMANN, ROBERT F	STREET ADDRESS	7074 FALCON'S RUN	CITY-ST-ZIP	LAKE WORTH, FL 33467	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE	P.																																	
NAME	HAUSMANN, ROBERT R																																	
STREET ADDRESS	6556 BLUE BAY CIRCLE																																	
CITY-ST-ZIP	LAKE WORTH, FL 33467																																	
TITLE	VP																																	
NAME	HAUSMANN, ROBERT F																																	
STREET ADDRESS	7074 FALCON'S RUN																																	
CITY-ST-ZIP	LAKE WORTH, FL 33467																																	
TITLE																																		
NAME																																		
STREET ADDRESS																																		
CITY-ST-ZIP																																		
TITLE																																		
NAME																																		
STREET ADDRESS																																		
CITY-ST-ZIP																																		
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:  2/24/07 (561) 585-7117 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																		