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	Mailing Address
2940 COMMERECE PARK DR BAY #4 BOYNTON BEACH, FL 33426 US	2940 COMMERECE PARK DR BAY #4 BOYNTON BEACH, FL 33426 US

DO NOT WRITE IN THIS SPACE

02142007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2451081
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAUSMANN, ROBERT R
6556 BLUE BAY CIRCLE
LAKE WORTH, FL 33467

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000004 7603
03/06/07-80079-013 150.00

10. OFFICERS AND DIRECTORS

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

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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: Robert F Hausmann VP 2/24/07 (561)585-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #