2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 28, 2008 08:00 AM **DOCUMENT # 492847 Secretary of State** STANDARD CABINET CORPORATION Principal Place of Business Mailing Address **5102 WEST HANNA AVENUE** 5102 WEST HANNA AVENUE TAMPA, Fl. 33634 US TAMPA, FL 33634 US 04242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-1685087 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KALISH WILLIAM ESQ. DO NOT WRITE 100 S ASHLEY DR. STE. 1500 IN THIS SPACE TAMPA, FL 33602 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 US721708-80012-018 150.00 10. OFFICERS AND DIRECTORS PTSD TITLE GAMBERG, LLOYD NAME 5102 W HANNA AVE. STREET ADDRESS CITY-ST-7IP TAMPA, FL 33634 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C/TY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

CICNATUDE

NAME STREET ADDRESS CITY-ST-ZIP

813-884.7541