


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 501995**  
 1. Entity Name  
 SAHARA CABINETS, INC.



Principal Place of Business 2171 FLINT DRIVE FT. MYERS, FL 33916-4811	Mailing Address 2171 FLINT DRIVE FT. MYERS, FL 33916-4811
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**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1668559	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SELLARS, RICHARD E.  
 2171 FLINT DR  
 FT MYERS, FL 33916

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SELLARS, RICHARD E 2171 FLINT DR FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SELLARS, BRENDA 2171 FLINT DR FT MYERS, FL
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 05/02/07-80082-005 158.75

**DO NOT WRITE IN THIS SPACE**

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:** *Richard E. Sellars* **Richard Sellars** 4-19-07 839-334-1157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #