2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007266

Entity Name: MASCO CABINETRY HOLDINGS, INC.

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
21001 VAN TAYLOR, M	BORN ROA 11 48180	D				
Current Mailing Address:			New Mailir	New Mailing Address:		
21001 VAN BORN ROAD TAYLOR, MI 48180				C/O TAX DEPT, 21001 VAN BORN ROAD TAYLOR, MI 48180		
FEI Number:	38-3567931	FEI Number Applied For()	El Number Not Appli	Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
1200 SOUT	ORATION SY TH PINE ISLA DN, FL 3332	ND ROAD				
The above in the State		submits this statement for the purp	oose of changing it	its registered office or registered agent, or both,		
SIGNATURE:						
	Electro	nic Signature of Registered Agent		Date		
Election Cam	paign Financin	g Trust Fund Contribution ().				
OFFICERS	AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DSV (GARGARO, EU 21001 VAN BO TAYLOR, MI	DRN ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VTAS (WADHAMS, TI 21001 VAN BO TAYLOR, MI	DRN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (SZNEWAJS, J 21001 VAN BC TAYLOR, MI	DRN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P (KIEFABER, CL 5353 WEST U ADRIAN, MI 4	S 223	Title: Name: Address: City-St-Zip:	P (X) Change () Addition STRAUSS, KAREN 5353 WEST US 223 ADRIAN, MI 49221		
Title: Name: Address: City-St-Zip:	V (MOLLIEN, JEF 21001 VAN BO TAYLOR, MI	ORN ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DV (LEEKLEY, JOI 21001 VAN BO TAYLOR, MI	PRN	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LEEKLEY, JOHN R 21001 VAN BORN TAYLOR, MI 481801340		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY W. MOLLIEN VP 04/17/2007