


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**


DOCUMENT # F02000000761

1. Entity Name  
**CABINETS DIRECT, INC.**



Principal Place of Business <b>2717-B NORTH W ST          PENSACOLA, FL 32505</b>	Mailing Address <b>2878 WHISPER LAKE DR          GULF BREEZE, FL 32563</b>
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**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>43-1950521</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DURHAM, DOUG  
 2878 WHISPER LAKE DR  
 GULF BREEZE, FL 32563**

**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: *Douglas Durham* DATE: *5/2/06*

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  
 Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARIS, DAVID L 4133 SOUTH TALLYRAND ROGERSVILLE, MO 65742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DURHAM, DOUGLAS 2878 WHISPER LAKE DRIVE GULF BREEZE, FL 32561
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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: *Douglas Durham* DATE: *5/2/06* 850-432-7445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #