2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# F99000001146

Entity Name: CROWN CABINET CORP.

Current Principal Place of Business:

1400 WARREN DR
MARSHALL, TX 75672

New Principal Place of Business:

Current Mailing Address:

1400 WARREN DR
MARSHALL, TX 75672

New Mailing Address:

FEI Number: 75-2460194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: EVP ( ) Delete
Name: EDWARDS, GARY
Address: 7000 CENTRAL PARKWAY, SUITE 1515
City-St-Zip: ATLANTA, GA 30318 US

Title: CFO ( ) Delete
Name: HAMEL, STEVE
Address: 1400 WARREN DRIVE
City-St-Zip: MARSHALL, TX 75672 US

Title: DIR ( ) Delete
Name: PATEK, PAUL
Address: 7000 CENTRAL PARKWAY, SUITE 1515
City-St-Zip: ATLANTA, GA 30318 US

Title: VP (X) Delete
Name: THOMAS, CHRIS
Address: 7000 CENTRAL PARKWAY, SUITE 1515
City-St-Zip: ATLANTA, GA 30328 US

Title: COO (X) Delete
Name: ROPER, BRIAN
Address: 1400 WARREN DRIVE
City-St-Zip: MARSHALL, TX 75672 US

Title: EVP (X) Delete
Name: WATSON, SHANNON
Address: 1400 WARREN DRIVE
City-St-Zip: MARSHALL, TX 75672

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: EDWARDS, GARY
Address: 7000 CENTRAL PARKWAY, SUITE 1515
City-St-Zip: ATLANTA, GA 30318 US

Title: PRES (X) Change ( ) Addition
Name: ROPER, BRIAN PRES
Address: 1400 WARREN DRIVE
City-St-Zip: MARSHALL, TX 75672 US

Title: EVP (X) Change ( ) Addition
Name: WATSON, SHANNON EVP
Address: 1400 WARREN DRIVE
City-St-Zip: MARSHALL, TX 75672 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN ROPER PRES 04/03/2009

Electronic Signature of Signing Officer or Director — Date