2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 03, 2006 08:00 AM DOCUMENT # G88697 **Secretary of State** 1. Entity Name STYLECRAFT CABINETS MANUFACTURING, INC. Principal Place of Business Mailing Address 2780 IVY STREET ENGLEWOOD FL 34224 2780 IVY STREET **ENGLEWOOD FL 34224** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. It, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2398019 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAMBER, EARL R. Street Address (P.O. Box Number is Not Acceptable) 2780 IVY STREET **ENGLEWOOD FL 33533** 3. 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 rife it applicable (NOTE: Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Defete ☐ Change 🔲 Addition TiTLE TITLE NAME CARVEY, LARRY T. NAME /00000416216 I3/06-80006-020 150.**00** STREET ADDRESS 6412 BLUEBERRY DR. STREET ADDRESS CITY-SI-DP ENGLEWOOD FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 7177 (NAME GAMBER, EARL R. HAME STREET ADORESS 220 CORNELL ROAD STREET ADDRESS CITY-ST-ZIP VENICE FL CITY-ST-ZIP DILE ☐ Delete ☐ Change ■ Addition NAME NAME STREET AUDITESS STRUET ADDRESS CHTY-ST-ZIP C11Y-\$1-21P TITLE ☐ Delete ☐ Change ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-702 CITY - ST - ZIP Change Detete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IITLE Delete TRILE Change ☐ Addition MARKE NAME STREET AUDINESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

1-30-06

941-474-4834