2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32986

Entity Name: ADAMS BROS. CABINETRY, INC.

FILED Mar 27, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% JOEL D. ADAMS
8079 GOLF COURSE BLVD.
PUNTA GORDA, FL 339822428

8079 GOLF COURSE BLVD.
PUNTA GORDA, FL 339822428

Current Mailing Address: New Mailing Address:

% JOEL D. ADAMS
8079 GOLF COURSE BLVD.
8079 GOLFCOURSE BLVD
PUNTA GORDA, FL 339822428

FEI Number: 59-2479450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, JOEL D.

489 CICERO ST.

PORT CHARLOTTE, FL 33948 US

ADAMS, JOEL D CHRMAN
8079 GOLF COURSE BLVD.
PUNTA GORDA, FL 33982 US

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: JOEL D. ADAMS, CHAIRMAN 03/27/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM

Name: ADAMS, JOEL D CHAIRMN

Address: 489 CICERO ST.

City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VST

Name: ADAMS, ANN L SEC/TR Address: 489 CICERO ST.

City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PRES

Name: ADAMS, ETHAN M PRES. Address: 9300 SW FT. WINDER STREET

City-St-Zip: ARCADIA, FL 34269

Title: VP

Name: ADAMS, STEPHEN J V. PRES Address: 22326 ESPLANADE AVE City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby 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 all other like empowered.

SIGNATURE: ETHAN ADAMS PRES 03/27/2010