2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 25, 2007 08:00 AM DOCUMENT # H36139 **Secretary of State** 1. Entity Name ALL STAR CABINETS, INC. Principal Place of Business Mailing Address 1150 SNEAD AVE. % RICHARD LEE BAKAN SARASOTA, FL 34237 3724 HEATHER LAKE CIRLCE SARASOTA, FL 34235 CR2E034 (11/05) 04162007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2486585 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAKAN, RICHARD LEE DO NOT WRITE 3724 HEATHER LAKE CIR SARASOTA, FL 34235 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BAKAN, RICHARD L. STREET ADDRESS 3724 HEATHER LAKE CIR CITY-ST-ZIP SARASOTA, FL U000000729426 05/08/07-80038-023 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1ARD L. BAKAN 4-23-2007

<u>941-955-496</u>8