2008 FOR PROFIT CORPORATION

FILED Apr 11, 2008 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # J88484 1. Entity Name CABINETS PLUS OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 611 CHARLOTTE ST 611 CHARLOTTE ST PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2845130 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE FRY, JAMES H. 611 CHARLOTTE ST. PUNTA GORDA, FL 33950 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_ (NOTE, Registered Agent signature required when reinstating) DATE Signalure, lyped or printed name of registered agent and title it applicable **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD MAME FRY, JAMES H. 611 CHARLOTTE ST. STREET ACCRESS CITY-ST-Z.P PUNTA GORDA, FL 33950 U00000891341 04/23/08-80020-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-Zif IN THIS SPACE THE NAME STREET ADDRESS ÇITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 office 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:

DITY-ST-ZIP Hitt MALA STREET ADDRESS