2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K59227

Name:

Address:

City-St-Zip:

Entity Name: CABINETS BY BOOTH INC.

FILED May 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6953 SONNY DALE DRIVE SUITE C W. MELBOURNE, FL 32904 US **New Mailing Address: Current Mailing Address:** 6953 SONNY DALE DRIVE SUITE C W. MELBOURNE, FL 32904 US FEI Number: 59-2924317 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: BARTH, ROBERT S 6953 SONNY DALE DRIVE SUITE C WEST MELBOURNE, FL 32904 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GREGRICH, ROBERT T., Name: Name: 131 BRIARWOOD LANE Address: Address: City-St-Zip: COCOA, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: BARTH, ROBERT S Name: 767 BALLARD DRIVE Address: Address: MELBOURNE, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BOUTIN, PATRICIA L Name: Name: 1886 PARRSBORO ST NW Address Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

GREGRICH, ROBERT A

ROCKLEDGE, FL 32955 US

15 PARK AVENUE

SIGNATURE: PATRICIA L. BOUTIN D 05/29/2007