2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

04-14-2005 90029 045 ****50.00
02-09-2005 90157 030 *****5.00

30006464

04112005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000006471

1. Entity Name
ARCHITECTURAL CABINETS & MILLWORK LLC

Principal Place of Business	Mailing Address
3965 DEER CROSSING COURT, SUITE 201, NAPLES, FL 34114	3965 DEER CROSSING COURT, SUITE 201, NAPLES, FL 34114

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 02-0677327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARON, JULIE
3965 DEER CROSSING COURT, SUITE 201
NAPLES, FL 34114

7. Name and Address of New Registered Agent

Name: POIRIER, ANDRE
Street Address (P.O. Box Number is Not Acceptable): 10411 WINE PALM ROAD, #5022
City: FORT MYERS FL Zip Code 33912

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] ANDRE POIRIER, MANAGING MEMBER 04/08/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARON, JULIE 3965 DEER CROSSING COURT, SUITE 201 NAPLES, FL 34114 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM - MANAGING MEMBER POIRIER, ANDRE 10411 WINE PALM ROAD, #5022 FORT MYERS, FL 33912 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR - MANAGER CARON, JULIE 3965 DEER CROSSING COURT, SUITE 201 NAPLES, FL 34114 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] ANDRE POIRIER MGRM 04/08/2005 (239) 462-3916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Please note that these are the changes (in yellow) that I've made on the document you sent back. I spoke with someone in your office and he said everything seemed O.K. If their still seems to be a mistake, please contact me to