


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90059 032 \*\*\*\*50.00

<b>DOCUMENT # L03000006471</b>	
<b>1. Entity Name</b> ARCHITECTURAL CABINETS & MILLWORK LLC	

<b>Principal Place of Business</b> 3965 DEER CROSSING COURT, SUITE 201 NAPLES, FL 34114	<b>Mailing Address</b> 3965 DEER CROSSING COURT, SUITE 201 NAPLES, FL 34114
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40058593



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

04182006 Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 02-0677327	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  POIRIER, ANDRE 10411 WINE PALM RD, #5022 FORT MYERS, FL 33912	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float:right">FL</span> Zip Code
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**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** \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2006	<b>Make check payable to Florida Department of State</b>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM POIRIER, ANDRE <input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POIRIER, ANDRE	NAME	PATENAUDE, NICHOL
STREET ADDRESS	10411 WINE PALM RD, #5022	STREET ADDRESS	3965 DEER CROSSING CT, STE 201
CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP	NAPLES, FL 34114
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARON, JULIE	NAME	
STREET ADDRESS	3965 DEER CROSSING CT, STE 201	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**11. 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 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.**

<b>SIGNATURE:</b>  <b>ANDRE POIRIER MGRM</b>	<b>04/19/2006</b>	<b>239-462-3916</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>