2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# L04000005419

Entity Name: CABINET SERVICES LLC

Current Principal Place of Business:

2762 RIDGEWOOD AVE.
APT. # 95
SANFORD, FL 32773 US

New Principal Place of Business:

3044 FOXHILL CIR.
APT. # 102
APOPKA, FL 32703 US

Current Mailing Address:

2762 RIDGEWOOD AVE.
APT. # 95
SANFORD, FL 32773 US

New Mailing Address:

3044 FOXHILL CIR.
APT. # 102
APOPKA, FL 32703 US

FEI Number: 26-0079209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIFORD, DOUGLAS M
2762 RIDGEWOOD AVE.
APT. # 95
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

WILLIFORD, DOUGLAS M
3044 FOXHILL CIR.
APT. # 102
APOPKA, FL 32703 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: DOUGLAS M. WILLIFORD 04/24/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: WILLIFORD, DOUGLAS M
Address: 2762 RIDGEWOOD AVE. APT.# 95
City-St-Zip: SANFORD, FL 32773 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILLIFORD, DOUGLAS M
Address: 3044 FOXHILL CIR. APT. 102
City-St-Zip: APOPKA, FL 32703 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DOUGLAS M. WILLIFORD MGRM 04/24/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date