

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2006 8:00 am**  
**Secretary of State**

01-11-2006 90012 020 \*\*\*\*50.00

<b>DOCUMENT # L04000016129</b> 1. Entity Name <b>INFINITE IDEAS CABINETRY, LLC</b>					
Principal Place of Business <del>5015 21 STREET EAST</del> <b>BRADENTON, FL 34203</b>			Mailing Address <b>P.O. BOX 21206</b> <b>BRADENTON, FL 34204</b>		
2. Principal Place of Business <b>6146C 15th ST. EAST</b>		3. Mailing Address <b>Same As The ABOVE</b>			
Suite, Apt. #, etc. <b>Suite C</b>		Suite, Apt. #, etc. 			
City & State <b>BRADENTON, Florida</b>		City & State 			
Zip <b>34203</b>		Country <b>Manatee</b>		Zip 	
Country 		4. FEI Number <b>37-1485372</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WICKMAN &amp; WYCKOFF, P.A.</b> <b>4909 MANATEE AVE. WEST</b> <b>BRADENTON, FL 34209</b>			7. Name and Address of New Registered Agent Name 		
Street Address (P.O. Box Number is Not Acceptable) 			Street Address (P.O. Box Number is Not Acceptable) 		
City 			City <b>FL</b>		
Zip Code 			Zip Code 		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>KORBOS, BONNIE D</b> <del>5015 21 STREET EAST</del> <b>SEE New Address</b> <b>BRADENTON, FL 34203</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>KORBOS BONNIE D</b> <b>6146C 15th STREET EAST</b> <b>BRADENTON, FLORIDA 34203</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>TEAV, Kimheng</b> <b>6146C 15th Street EAST</b> <b>BRADENTON, Florida 34203</b>	
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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.					
SIGNATURE: <i>Kimheng Teav</i> <b>PRESIDENT</b>			1/6/06 (941)-758-2372		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

*Bonnie D. Korbos* **MANAGER**