2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # L04320 1. Entity Name SOUTHERN CUSTOM CABINETS, INC. Principal Place of Business___ Mailing Address 3004 KANANWOOD CT 3004 KANANWOOD CT STE #100 STE #100 OVIEDO, FL 32765 US OVIEDO, FL 32765 04092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2960495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IRWIN, KEVIN S DO NOT WRITE 604 DOLPHIN RD. WINTER SPRINGS, FL 32708 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVST** TITLE NAME IRWIN, KEVIN S STREET ADDRESS 604 DOLPHIN RD. CITY-ST-ZIP WINTER SPRINGS, FL 32708 U00000306951 04/15/05-80035-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and applicate and that my 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an applicass, with all play like employered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED