2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000005925

Entity Name: CABINETS WHOLESALE DIRECT, LLC

Current Principal Place of Business:

851 PINTO CIRCLE
NOKOMIS, FL 34275

New Principal Place of Business:

617 E. VENICE AVE.
VENICE, FL 34285

Current Mailing Address:

851 PINTO CIRCLE
NOKOMIS, FL 34275

New Mailing Address:

617 E. VENICE AVE.
VENICE, FL 34285

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLENBORG, EDWARD J
851 PINTO CIRCLE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

WILLENBORG, EDWARD J
617 E. VENICE AVE.
VENICE, FL 34285 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: 04/30/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WILLENBORG, EDWARD J
Address: 851 PINTO CIRCLE
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM ( ) Delete
Name: ERVANS, LARRY
Address: 851 PINTO CIRCLE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILLENBORG, EDWARD J
Address: 617 E. VENICE AVE.
City-St-Zip: VENICE, FL 34285

Title: MGRM (X) Change ( ) Addition
Name: ERVANS, LARRY
Address: 617 E. VENICE AVE.
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LARRY ERVANS MGRM 04/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date