## 2006 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 26, 2006 08:00 AM Secretary of State DOCUMENT # L07063 KABINETRY BY KESSLER, INC. Principal Place of Business Mailing Address C/O ORRI T. KESSLER C/O ORRI T. KESSLER 6644 S GRANDE DR 6644 S GRANDE DR BOCA RATON, FL 33433 BOCA RATON, FL 33433 CR2E034 (11/05) 04112006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied F 65-0140298 Not Appli \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KESSLER, ORRIT. DO NOT WRITE 6644 S GRANDE DR BOCA RATON, FL 33433 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 lamiliar with, and exthe 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS D TITLE KESSLER, ORRI T. MAME STREET ADDRESS 6644 S GRANDE DR CITY-ST-ZIP BOCA RATON, FL. 33433 THILE 000000536772 05/08/06-80107-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the influence indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Exchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP

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