


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90034 018 \*\*\*150.00

<b>DOCUMENT # P00000020804</b>	
1. Entity Name <b>ALL AMERICAN CABINETRY, INC.</b>	

Principal Place of Business <b>1755 NE 177TH PL. CITRA, FL 32113</b>	Mailing Address <b>PO BOX #83 CITRA, FL 32113</b>
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**50015768**



2. Principal Place of Business <b>2494 NW 35<sup>th</sup> ST</b>	3. Mailing Address <b>2494 NW 35<sup>th</sup> ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02072005 Chg-P CR2E034 (10/03)


City & State <b>OCALA FL</b>	City & State <b>OCALA FL</b>
Zip <b>34475</b>	Country <b>USA</b>
Zip <b>34475</b>	Country <b>USA</b>

4. FEI Number <b>59-3628942</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>MARCUM, LARRY</b> <b>1755 NE 177TH PL.</b> <b>CITRA, FL 32113</b>	

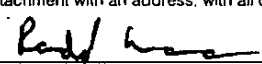
7. Name and Address of New Registered Agent	
Name <b>Ronald Marcum</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2494 NW 35<sup>th</sup> ST</b>	
City <b>Ocala</b>	FL Zip Code <b>34475</b>

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 	DATE <b>2/16/05</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>MARCUM, LARRY</b> <b>PO BOX 83</b> <b>CITRA, FL 32113</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTS</b> <b>MARCUM, RONALD S</b> <b>P.O. BOX 146</b> <b>SPARR, FL 32192</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST</b> <b>Ronald S. Marcum</b> <b>PO Box 146</b> <b>Sparr FL 32192</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>Larry Marcum</b> <b>PO Box 83</b> <b>Citra FL 32113</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 accurate 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 empowered 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 address, with all other like empowered.	
SIGNATURE: 	<b>Ronald S. Marcum</b> <b>2/16/05</b> <b>352-368-4080</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>