

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000105368 1. Entity Name DREAM CABINETS COMPANY, INC.	
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Principal Place of Business 7100 123RD CIRCLE N UNIT 300 LARGO, FL 33773	Mailing Address 7100 123RD CIRCLE N UNIT 300 LARGO, FL 33773
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02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3684822	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONIKA, SMAGA 19817 GULF BLVD #202 INDIAN ROCKS BEACH, FL 33785

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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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMAGA, MONIKA 19817 GULF BLVD #202 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMAGA, ZBIGNIEW 19817 GULF BLVD #202 INDIAN ROCKS BEACH, FL 33785
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03/25/06-80009-010 150.00

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IN THIS SPACE**

12. 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 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: Monika Smaga **MONIKA SMAGA** 1/06 727 224 6904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #