

P0000001053608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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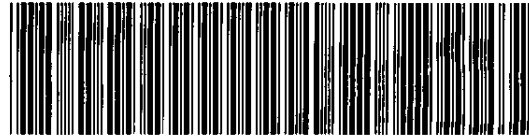
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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@ 12/27/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DREAM CABINETS COMPANY., INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000105368

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONIKA SMAGA

(Name of Person)

DREAM CABINETS COMPANY., INC

(Name of Firm/Company)

19817 GULF BLVD UNIT #202

(Address)

INDIAN SHORES, FL 33785

(City/State and Zip Code)

For further information concerning this matter, please call:

MONIKA SMAGA

(Name of Person)

at ( 727 ) 224-6904

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

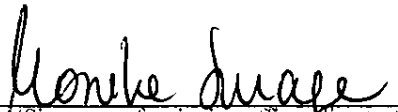
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MONIKA SMAGA, hereby resign as ~~PRESIDENT~~ Director  
(Title)

of DREAM CABINETS COMPANY., INC  
(Name of Corporation)

P00000105368, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
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