2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014812

Entity Name: DIMENSIONS CABINETRY, INC.

FILED Apr 28, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1411 S W BILTMORE ST PORT ST LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

1403 SW BILTMORE ST PORT ST LUCIE, FL 34983

FEI Number: 65-1076984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEEL, DENISE R
617 SE WHITMORE DR
KEEL, DENISE R
614 SE FAITH TERR

PORT ST LUCIE, FL 34984 US PORT ST LUCIE, FL 34983 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: DENISE R KEEL 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 KEEL, ALAN A
 Name:
 KEEL, ALAN A

 Address:
 617 SE WHITMORE SR
 Address:
 614 SE FAITH TERR

 City-St-Zip:
 PORT ST LUCIE, FL 34984
 City-St-Zip:
 PORT ST LUCIE, FL 34983

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 KEEL, DENISE R
 Name:
 KEEL, DENISE R

 Address:
 617 SE WHITMORE DRIVE
 Address:
 614 SE FAITH TERR

 City-St-Zip:
 PORT ST LUCIE, FL 34984
 City-St-Zip:
 PORT ST LUCIE, FL 34983

Title: () Delete Title: CFO () Change (X) Addition

 Name:
 Name:
 RIVERA, MARGARITA

 Address:
 Address:
 925 CANADA STREET NE

 City-St-Zip:
 City-St-Zip:
 PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE R KEEL VP 04/28/2006