2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# P01000030427

Entity Name: QUALITY CABINETS & COUNTERS, INC.

Current Principal Place of Business:

28630 NORTH DIESEL DRIVE
SUITE 1
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

28630 NORTH DIESEL DRIVE
SUITE 1
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 65-1090572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNOLDS, MARY
17241 TRAPPERS DR
FT MYERS, FL 33967 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: REYNOLDS, MARY
Address: 17241 TRAPPERS DR
City-St-Zip: FT MYERS, FL 33967

Title: VP ( ) Delete
Name: REYNOLDS, JOHN
Address: 17241 TRAPPERS DRIVE
City-St-Zip: FORT MYERS, FL 33967

Title: P ( ) Delete
Name: BRUNCO, JAMES A
Address: 17241 MEADOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33967

Title: VP ( ) Delete
Name: BRUNCO, SUE ELLEN
Address: 17241 TRAPPERS DRIVE
City-St-Zip: FORT MYERS, FL 33967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARY REYNOLDS ST 03/17/2008

Electronic Signature of Signing Officer or Director — Date