2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 30, 2006 08:00 AM Secretary of State DOCUMENT # P01000035914 1. Entity Name J.J. CABINETS INSTALLATIONS INC. Principal Place of Business Mailing Address 13493 SW 27TH ST 13493 SW 27TH ST MIRAMAR, FL 33027 MIRAMAR, FL 33027 CR2E034 (11/05) 05262006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1094420 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SARANTES, CARLOS A DO NOT WRITE 13493 SW 27TH ST MIRAMAR, FL 33027 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, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE . Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by Soptember 5, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TIRE SRANTES, CARLOS A NAME STREET ADDRESS 13493 SW 27 STREET CITY-ST-ZIP MIRAMAR, FL 33027 U000005562**83** 05/30/05-80003**-018 150.00** mle MARKE STREET ADDRESS CITY-ST-ZIP TREE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DILE IN THIS SPACE NARAT STREET AUURESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DTY-ST-7IP 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an active.

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED