## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2006 08:00 AN Secretary of State

DOCUMENT 1. Entity Name M & M CABINET					of State		
Principal Place of Busine 2220 J & C BLVD, #5 NAPLES, FL 34109	SS	Mailing Address 2220 J & C BLVD, #5 NAPLES, FL 34109		* (***)	<b>   </b>	EBISS ENDES SOBRE BOSS	OMMENT CONTINUES OF FAMEL
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DO N	OT WRITE	E IN THIS SPA	CE	02132006  4. FEI Number 65-1124  5. Certificate of			Applied For Not Applicable 5 Additional
6. Nam	e and Address of Curren	t Registered Agent	**************************************			Fee F	equired
MUELLER, GREGO 2220 J & C BOULE NAPLES, FL 3410	VARD				NOT WI		
8. The above named ent the obligations of regions	ity submits this statement f stered agent.	or the purpose of changing its register	ed office or register	ed agent, or both	, in the State of Flor	ida. I am familia	r with, and accept
SIGNATURE Signature, type	d or profiled name of recis area agree	and their applicable (NOTE, Registere	d Agent signature required	when reinstanng)	7/1	0/06 PATE	
After May 1, 200	FEE IS \$150,00 6 Fee will be \$550			00 May Be ed to Fees			
STREET ADDRESS   2220 J &	OFFICERS AND  R, GREGG C BOULEVARD , FL 34109	DIBECTORS _ {			UODO	)509 <b>9</b> 56	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	ener to vide a	androne in agency of the contraction of the contrac	04/28/06		12 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT WI	RITE	
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NAME STREET ADDRESS CITY-ST-ZIP							 हार पर <b>इन्छ</b> ।
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2		and the second s			
indicated on this repo of the corporation or t	rt or supplemental report i: he receiver or trustee emp	n this filing does not qualify for the exe is true and accurate and that my signat owered to execute this report as requi- with all other like empowered.	uré shall have the s:	ame legal effect a	is if made under oa	th that i am an a	ifficer or director
SIGNATURE:	SIGNATURE AND TYPED O	THE COLOR OFFICER OF DIRECT	OR	<b>Y</b>	4/10/0	O Dayona Ft	STIM #