2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# P01000052092

Entity Name: CABINETRY & GLASS DESIGNS BY CARLEVALE, INC.

Current Principal Place of Business:

343 E. DOUGLAS M7
OLDSMAR, FL 34677

New Principal Place of Business:

9209 SHELLGROVE CT
TAMPA, FL 33615

Current Mailing Address:

9209 SHELLGROVE CT.
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-3721272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLEVALE, DONNA
9209 SHELLGROVE CT.
TAMPA, FL 33615 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: PRES ( ) Delete
Name: CARLEVALE, DONNA
Address: 9209 SHELLGROVE CT.
City-St-Zip: TAMPA, FL 33615

Title: VP ( ) Delete
Name: ANDREWS, CHERYLE
Address: 9209 SHELLGROVE CT
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHERYLE ANDREWS VP 04/13/2008

Electronic Signature of Signing Officer or Director — Date