2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# P01000060731

Entity Name: MASTERPIECE CABINETRY, INC.

Current Principal Place of Business:

MASTERPICE CABINETRY INC
200-D SOUTH NOVA RD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

MASTERPICE CABINETRY INC
120 NORTH NOVA ROAD
ORMOND BEACH, FL 32174

Current Mailing Address:

MASTERPICE CABINETRY INC
200 GREENBRIAR AVE
ORMOND BEACH, FL 32174

New Mailing Address:

MASTERPICE CABINETRY INC
120 NORTH NOVA ROAD
ORMOND BEACH, FL 32174

FEI Number: 59-3746061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLINSKY, ROBERT J
200 GREENBRIAR AVENUE
ORMOND BEACH, FL 32174 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: PD ( ) Delete
Name: VOLINSKY, ROBERT J
Address: 200 GREENBRIAR AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD ( ) Delete
Name: VOLINSKY, KELLY C
Address: 200 GREENBRIAR AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete
Name: ROBERT, VOLINSKY J
Address: 200 GREENBRIAR AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete
Name: VOLINSKY, KELLY C
Address: 200 GREENBRIAR AVE
City-St-Zip: ORMOND BEACH, FL 32174

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 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: ROBERT J VOLINSKY PD 04/04/2007

Electronic Signature of Signing Officer or Director — Date