
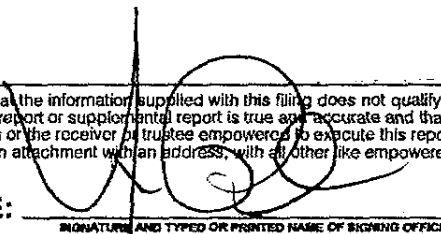


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P01000103877</b>		
1. Entity Name AMERICAN CUSTOM CABINETS, INC.		
Principal Place of Business 21 W. MAGNOLIA ST., ARCADIA, FL 34266	Mailing Address 110 WEST OAK ST. ARCADIA, FL 34266	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PAUL, AVA 110 WEST OAK ST. ARCADIA, FL 34266		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, AVA 110 WEST OAK ST. ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, TIM 110 WEST OAK ST. ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, JOHN O JR. 110 WEST OAK ST. ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, GAYLE B 110 WEST OAK ST. ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.		
SIGNATURE: 		4-20-06 863-993-1376



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0056191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000521423  
05/02/06-80126-023 150.00

**DO NOT WRITE  
IN THIS SPACE**