

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056320

FILED
Mar 29, 2007
Secretary of State

Entity Name: TOP CHOICE CABINETS & CUSTOM COUNTERTOPS, INC.

Current Principal Place of Business:

20147 KENILWORTH BLVD
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

1242 MARKET CIRCLE
UNIT 6 & 7
PORT CHARLOTTE, FL 33953

Current Mailing Address:

20147 KENILWORTH BLVD
PORT CHARLOTTE, FL 33954

New Mailing Address:

1242 MARKET CIRCLE
UNIT 6 & 7
PORT CHARLOTTE, FL 33953

FEI Number: 03-0447669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUGHIE, ROBERT H
18476 POSTON AVE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

HAUGHIE, ROBERT H
18544 GRAND AVENUE
PORT CHARLOTTE, FL 33948 US

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:

03/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAUGHIE, ROBERT H
Address: 18476 POSTON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V () Delete
Name: HAUGHIE, MICHELE L
Address: 18476 POSTON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAUGHIE, ROBERT H
Address: 18544 GRAND AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V (X) Change () Addition
Name: HAUGHIE, MICHELE L
Address: 18544 GRAND AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: MICHELE HAUGHIE

V

03/29/2007

Electronic Signature of Signing Officer or Director

Date