

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076173

Entity Name: THOROUGHbred CABINETS, INC.

FILED
May 15, 2008
Secretary of State

Current Principal Place of Business:

701 N.W. 37TH AVENUE
OCALA, FL 34482

New Principal Place of Business:

911 NW 30TH AVENUE
OCALA, FL 34475

Current Mailing Address:

POST OFFICE BOX 5273
OCALA, FL 34478

New Mailing Address:

911 NW 30TH AVENUE
OCALA, FL 34475

FEI Number: 06-1642197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAINES, BRIAN P
701 N.W. 37TH AVENUE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

BAINES, BRIAN P
911 NW 30TH AVE
OCALA, FL 34475 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: BRIAN P BAINES

05/15/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAINES, BRIAN P
Address: POST OFFICE BOX 5007
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: BAINES, MARK D
Address: POST OFFICE BOX 5007
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAINES, BRIAN P
Address: 911 NW 30TH AVENUE
City-St-Zip: OCALA, FL 34475

Title: D (X) Change () Addition
Name: BAINES, MARK D
Address: 911 NW 30TH AVE
City-St-Zip: OCALA, FL 34475

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: BRIAN P BAINES

PRES

05/15/2008

Electronic Signature of Signing Officer or Director

Date