2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098528

Entity Name: SMILEY CABINET INSTALLATIONS, INC.

FILED Apr 25, 2012 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--|---|
| 8968 AUSTELL CT. JACKSONVILLE, FL 32216 | |
| Current Mailing Address: | New Mailing Address: |
| 8968 AUSTELL CT. JACKSONVILLE, FL 32216 | |
| FEI Number: 35-2181619 FEI Number Applied For () | FEI Number Not Applicable () Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | Name and Address of New Registered Agent: |
| SMILEY, KENNETH 8968 AUSTELL CT. JACKSONVILLE, FL 32216 US | |
| The above named entity submits this statement for the in the State of Florida. | e purpose of changing its registered office or registered agent, or both, |
| SIGNATURE: | |
| Electronic Signature of Registered A | gent Date |
| OFFICERS AND DIRECTORS: | |
| Title: PD | |

Name: SMILEY, KENNETH
Address: 8968 AUSTELL CT.
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD

 Name:
 SMILEY, LINDA

 Address:
 8968 AUSTELL CT.

 City-St-Zip:
 JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: LINDA SMILEY TD 04/25/2012