2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2008 8:00 am Secretary of State **DOCUMENT # P02000099504** 04-23-2008 90015 016 ***150.00 1. Entity Name BRH CABINETS INSTALLATION, INC. Principal Place of Business Mailing Address 36430 GOSS STREET 36430 GOSS STREET FRUITLAND PARK, FL 34731 FRUITLAND PARK, FL 34731 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14330 SE 14830 SE 24th04192008 CR2E034 (12/06) Chg-P City & State Applied For 4. FEI Number DUMMER 90-0064030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAUGEN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 36430 GOSS STREET FRUITLAND PARK, FL 34731 city Summer 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Addition HAUGEN, ROBERT NAME 830 SE 3 STREET ADDRESS 36430 GOSS STREET STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK, FL 34731 CITY-ST-ZIP TILLE VPD ☐ Delete ☐ Change ☐ Addition WORRELL, DAVID NAME NAME 14831) SE 34th STREET ADDRESS 36430 GOSS STREET STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK, FL 34731 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE IIILE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ШÆ ☐ Delete MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-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 all other like empowered.

FILED