2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Mar 10, 2005 08:00 AM Secretary of State DOCUMENT # P02000102302 1. Entity Name SOUTHERN CABINETRY AND MILLWORK, INC. Principal Place of Business Mailing Address 7960 W. 25TH AVENUE 7960 W. 25TH AVENUE HIALEAH, FL 33016 HIALEAH, FL 33016 No Chg-P CR2E034 (10/03) 03012005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0031029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALLEN, DOUGLAS T DO NOT WRITE 7960 W. 25TH AVENUE HIALEAH, FL 33016 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable "INOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ALLEN, DOUGLAS T NAME 7960 W 25TH AVENUE STREET ADDRESS HIALEAH, FL 33016 CITY-ST-ZIP U00000257852 03/10/05-80018-005 150.00 TITLE VD WILCOX, DENNIS NAME STREET ADDRESS 7960 W 25TH AVENUE CITY-ST-ZIP HIALEAH, FL 33016 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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 trusted 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 five empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-05

Date

305-573-499

FILED