


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P02000106540 | |  |
| 1. Entity Name ALPHA CUSTOM CABINETS INC. | | |

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| Principal Place of Business 2048 HILL COURT TALLAHASSEE, FL 32311 | Mailing Address 2048 HILL COURT TALLAHASSEE, FL 32311 |
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| 2. Principal Place of Business 3024 Hill Ct | 3. Mailing Address 3024 Hill Ct |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Tallahassee, FL | City & State Tallahassee, FL |
| Zip 32311 | Zip 32311 |
| Country U.S. | Country U.S. |

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| 6. Name and Address of Current Registered Agent GARDNER, EARNEST A 2048 HILL COURT TALLAHASSEE, FL 32311 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| DATE _____ | |

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| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GARDNER, EARNEST A 2048 HILL COURT TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3024 Hill Ct Tallahassee, FL 32311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200057342212 07/12/05--01026--039 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | |
| SIGNATURE: Earnest A. Gardner <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 2/1/05 850 656 2321 <small>Date Daytime Phone #</small> |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07012005 Chg-P CR2E034 (10/03)