2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000115031

1. Entity Name

COASTAL CABINETRY OF THE PALM BEACHES, INC.



Principal Place of Business

4100 N. POWERLINE ROAD

#D5

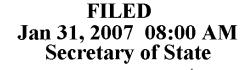
POMPANO BEACH, FL 33073

Mailing Address

4100 N. POWERLINE ROAD

#D5

POMPANO BEACH, FL 33073





1-8-07 (954) 979-6149

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1654103 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431

SIGNATURE: 4

DO NOT WRITE 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					
Signature, typed or printed name or registered agent and little if applicable (I/OTE Hegisteled Agent signature required writer reinstating).					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		· · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUPP, MICHAEL 4100 N. POWERLINE ROAD #D5 POMPANO BEACH, FL 33073				U00000611677 02/02/07-80072-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORN, GREGORY 4100 N. POWERLINE ROAD #D5 POMPANO BEACH, FL 33073				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>[</i> :			
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 frue and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or frustee employees 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 accuracy with all other like empowered.					