


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

03-24-2004 90024 049 ***150.00

DOCUMENT # P03000045340	
1. Entity Name CLEARWATER CABINETS, INCORPORATED	

Principal Place of Business 131 VOLLMER AVENUE OLDSMAR, FL 34677	Mailing Address 131 VOLLMER AVENUE OLDSMAR, FL 34677
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>same</i>	City & State <i>same</i>
Zip	Country



03082004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0778836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
COLEMAN, CHRISTOPHER L 131 VOLLMER AVENUE OLDSMAR, FL 34677	

7. Name and Address of New Registered Agent	
Name <i>None</i>	
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 *[Signature]* **DATE** *3-18-04*

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <i>President</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Chris Coleman</i>		NAME	
STREET ADDRESS <i>131 Vollmer Ave</i>		STREET ADDRESS	
CITY- ST- ZIP <i>Oldsmar FL 34677</i>		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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 an officer or trustee empowered.

SIGNATURE: *[Signature]* **DATE** *3-18-04* **Daytime Phone #** *813-891-9409*