


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90026 036 \*\*\*150.00

**DOCUMENT # P03000101071**

1. Entity Name  
**PS CABINET WORKS INC.**



Principal Place of Business      Mailing Address

**5551 WESTGATE BLVD.**      **5551 WESGATE BLVD.**  
**101**      **101**  
**LEHIGH ACRES, FL 33971**      **LEHIGH ACRES, FL 33971**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**551 Westgate Blvd**      **551 Westgate Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**101**      **101**  
 City & State      City & State  
**Lehigh Acres, FL**      **Lehigh Acres, FL**  
 Zip      Zip      Country      Country  
**33971**      **33971**      **Lee**      **Lee**



01172007      Chg-P      CR2E034 (12/06)

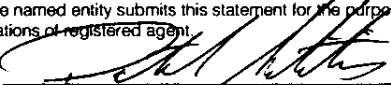
6. Name and Address of Current Registered Agent

**RUSSELL, EARL R**  
**322 GUNNERY ROAD**  
**SUITE D**  
**LEHIGH ACRES, FL 33971**

7. Name and Address of New Registered Agent

Name **Patrick Sakitis**  
 Street Address (P.O. Box Number is Not Acceptable)  
**217 Jefferson Ave**  
 City **Lehigh Acres**      **FL**      Zip Code **33972**

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: **3/23/07**

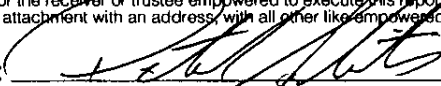
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SAKITIS, PATRICK</b> <b>217 JEFFERSON AVE</b> <b>LEHIGH ACRES, FL 33972</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 checked="" type="checkbox"/> Addition
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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

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.

SIGNATURE:       DATE: **3/23/07**      DAYTIME PHONE #: **239-303-3777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR