2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 31, 2005 8:00 am Secretary of State DOCUMENT # P03000144241 - - - -04-27-2005 90275 040 ***150.00 **COVÉNANT CABINETRY INC.** Mailing Address Principal Place of Business **bbU4UU/3 203 MARY STREET** PO BOX 139 UMATILLA FL 34784 UMATILLA, FL 34784 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) Applied For City & State City & State Not Applicable Country Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUCE, JAMES Street Address (P.O. Box Number Is Not Acceptable) 16820 S.E. 251ST TERRACE UMATILLA, FL 32784 City Zlo Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete BRUCE, JAMES KILE NAME P.O. BOX 139 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP UMATILLA, FL 34784 CITY-51-712 TITLE ☐ Change Addition ☐ Delete ms NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-21P TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TILLE C Detete me. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CETY-ST-ZIP Change ■ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TULE Detete tm s ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 fixe empowered. 352-669-3129

FILED