2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# P04000006405

Entity Name: HOUSE OF JUDAH CABINETS, INC.

Current Principal Place of Business:

17 FRESHWATER DR
PALM HARBOR, FL 34684

New Principal Place of Business:

1316 GULF RD.
TARPON SPRINGS, FL 34689

Current Mailing Address:

17 FRESHWATER DR
PALM HARBOR, FL 34684

New Mailing Address:

1316 GULF RD.
TARPON SPRINGS, FL 34689

FEI Number: 35-2222759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

URIEL, LUANNE
17 FRESHWATER DR
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

URIEL, LUANNE
1316 GULF RD
TARPON SPRINGS, FL 34689 US

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.

SIGNATURE: _____ 05/03/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: URIEL, ABA Y
Address: 17 FRESHWATER DR
City-St-Zip: PALM HARBOR, FL 34684

Title: VDST ( ) Delete
Name: URIEL, LUANNE
Address: 17 FRESHWATER DR
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: URIEL, ABA Y
Address: 1316 GULF RD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VDST (X) Change ( ) Addition
Name: URIEL, LUANNE
Address: 1316 GULF RD.
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUANNE URIEL VDST 05/03/2005
Electronic Signature of Signing Officer or Director — Date