

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030804

FILED  
May 05, 2006  
Secretary of State

Entity Name: KELLER KITCHEN CABINETS OF TAMPA, INC.

## Current Principal Place of Business:

5101 E. BUSCH BLVD  
SUITE 9  
TAMPA, FL 33617

## New Principal Place of Business:

## Current Mailing Address:

5101 E. BUSCH BLVD  
SUITE 9  
TAMPA, FL 33617

## New Mailing Address:

FEI Number: 20-0734303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDONALD, TIMOTHY I  
12932 RAIN FOREST ST  
TEMPLE TERRACE, FL 33617      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MCDONALD, TIMOTHY I  
Address: 12932 RAIN FOREST ST  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: CEO ( ) Delete  
Name: MCDONALD, THOMAS O  
Address: 259 BAYOU CIRCLE  
City-St-Zip: DEBARY, FL 32713

Title: TREA ( ) Delete  
Name: MCDONALD, TIMOTHY I  
Address: 12932 RAIN FOREST ST  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: SEC ( ) Delete  
Name: MCDONALD, MICHELLE S  
Address: 12932 RAIN FOREST ST  
City-St-Zip: TEMPLE TERRACE, FL 33617

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA (X) Change ( ) Addition  
Name: MCDONALD, TIMOTHY I  
Address: 12932 RAIN FOREST ST  
City-St-Zip: TEMPLE TERRACE, FL 32713

Title: SEC (X) Change ( ) Addition  
Name: MCDONALD, THOMAS O  
Address: 259 BAYOU CIRCLE  
City-St-Zip: DEBARY, FL 33213

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TIMOTHY MCDONALD

PRES

05/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date