




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90243 041 ***150.00

DOCUMENT # P04000097481 1. Entity Name CABINET CREATIONS OF MELBOURNE, INC.					
Principal Place of Business 2624 AURORA RD STE A MELBOURNE, FL 32935			Mailing Address 2624 AURORA RD STE A MELBOURNE, FL 32935		
2. Principal Place of Business 2624 Aurora Rd. Ste A <small>Suite, Apt. #, etc.</small> Melbourne, FL. <small>City & State</small> 32935 <small>Zip</small>		3. Mailing Address 2624 Aurora Rd. Ste A <small>Suite, Apt. #, etc.</small> Melbourne, FL. <small>City & State</small> 32935 <small>Zip</small>			
<small>Country</small> Brevard		<small>Country</small> Brevard		04202006 Chg-P CR2E034 (11/05)	
4. FEI Number 87-0728958				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 CIZEK, ROBERT 2875 NOBILITY AVE MELBOURNE, FL 32934			7. Name and Address of New Registered Agent <small>Name</small> Cabinet Creations of Melbourne, Inc <small>Street Address (P.O. Box Number is Not Acceptable)</small> 2624 Aurora Rd Ste A <small>City</small> Melbourne FL <small>Zip Code</small> 32935		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D CIZEK, ROBERT 2624 AURORA RD STE A MELBOURNE, FL 32935	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D CIZEK, KATHLEEN 2624 AURORA RD STE A MELBOURNE, FL 32935	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>