

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90026 004 ***150.00

DOCUMENT #	P04000106948
1. Entity Name	
CARMAN CABINETS, INC.	

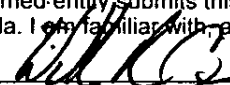
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7800 CORAL STREET #216			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
HIPOLUXO, FL			
Zip	Country	Zip	Country
33462			

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number		Applied For
		83-0402191		Not Applicable
		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name		
		WILLIAM R. CARMAN		
		Street Address (P.O. Box Number is Not Acceptable)		
		7800 CORAL STREET #216		
		City	FL	Zip Code
		HIPOLUXO, FL		33462

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  **3-17-06**

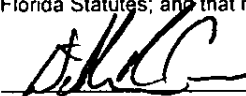
DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE	PRESIDENT	TITLE	
NAME	WILLIAM R. CARMAN	NAME	
STREET ADDRESS	7800 CORAL STREET #216	STREET ADDRESS	
CITY-ST-ZIP	HIPOLUXO, FL 33462	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **Daytime Phone #**