2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2006 8:00 am Secretary of State 05-04-2006 90206 043 ***150.00 DOCUMENT # P04000119432 ACCÉ BUILDING SERVICES & CABINETS, INC. 40083102 Principal Place of Business Mailing Address 120 S. NORMANDALE AVE 120 S. NORMANDALE AVE ORLANDO, FL 32835 ORLANDO, FL 32835 No Chg-P 04192006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1504848 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRIJBASU, BUDNARINE DO NOT WRITE 120 S. NORMANDALE AVE ORLANDO, FL 32835 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00.6 After May 1; 2006 Fee will be \$50.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS TITLE BRIJBASU, BUDNARINE NAME 120 S. NORMANDALE AVE STREET ADDRESS ORLANDO, FL 32835 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP 7ITLE

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 applicase, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED