## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 30, 2007 08:00 AM **DOCUMENT # P04000162324** Secretary of State 1. Entity Name KABINET KREATIONS, INC. Principal Place of Business Mailing Address 1428 CAPITAL CIRCLE N.W. 1428 CAPITAL CIRCLE N.W. TALLAHAASSEE, FL 32303 TALLAHAASSEE, FL 32303 No Chg-P CR2E034 (11/05) 03272007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3800828 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FISHER, FRED M DO NOT WRITE **75 CLEARWATER STREET QUINCY, FL 32351** 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FISHER, FRED M **75 CLEARWATER STREET** STREET ADDRESS CITY-ST-ZIP QUINCY, FL 32351 TITLE U00000683696 FISHER, DIANE A 04/06/07-80002-021 150.00 STREET ADDRESS **75 CLEARWATER STREET** CITY-ST-ZIP **QUINCY, FL 32351** TITLE NAME WEBB, RICHARD F STREET ADDRESS 2450 BASS BAY DRIVE DO NOT WRITE CITY-ST-ZIP TALLAHAASSEE, FL 32312 TITLE IN THIS SPACE WEBB, SUSAN Y STREET ADDRESS 2450 BASS BAY DRIVE CITY-ST-ZIP TALLAHAASSEE, FL 32312 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver or trustee or changed, or on an attachment with epocatores

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

REAND DIFFO ON PRINCED NAME OF SIGNING OFFICER OR DIR