2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # P05000010052 1. Entity Name ACME CABINETS SUPPLIES INC.					ı	04-21-2008	3 90043 ()02 ***15	50.00
Principal Place of Business Mailing Address				1					
705 LIVE OAKS ST Tarpon Springs, FL 34689		705 LIVE OAKS ST Tarpon Springs, FL 34689							
TARPON SPRINGS, FL 34009 TARPON SPRINGS, FL 3400		34003			BBITI BYNI BBIN BBIN BBNI	. 	A BEIDI BUIR III	i i i i i i i i i i i i i i i i i i i	
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1.1177	03232008	Chg-P	CR2E03	34 (12/06)	
City & State		City & State			4. FEI Number Applied 30-0293381 Not Appl		plied For t Applicable		
Zip	Country	Country Zip Cour		try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
CAMENIC THEO				Name					
CAMENE, THEO 5517 TROPIC DR NEW PORT PICKEY: EL 34653			Street Address (P.O. Box Number is Not Acceptable)						
NEW PORT RICHEY; FL 34653									
			City FL Zip Code						
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) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/	CHANGES TO OFFI	CERS AND		
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CITY-ST-ZIP				-S1-ZIP					
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
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CITY-ST-ZIP				'-ST-ZIP					
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.									