2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # P05000014882 1. Entity Name ANTILLES CABINETS AND DESIGNS, INC.						01-11-2008 9	0 0077 004 ***150.0	00
Principal Place of Business Mailing Address				<u> </u>		quur		
5151 SUNBE Suite 12	AM ROAD	5151 SUNBEAM ROAD Suite 12						
	.E, FL 32257		JACKSONVILLE, FL 32257					
Principal Place of Business - No P.O. Box # 3. Mailing Address								
					i tuaitautuu ula]	RIAN ATRIK ARRIV RATRI KAN	II ABIRI (IAI) BIRBI (AIA) URIU (IA	IAAX (X IBA)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 20-2244	279		plied For t Applicable	
Zip	Country	Zip	Country			f Status Desired	\$8.75 Add	itional
	6. Name and Address of Current	Registered Agent		T	7. Name and A	ddress of New R		
				Robert L Hunt				
DULIEU, RICHARD R 49 MILLIE DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE BEACH, FL 32250				782	Basque	Rd.		
!				City		<u> </u>	FL Zip Code	
Ø The obeyo	named entity submits this statement fo	City Saint	Augus	tink	1 - 3208	10		
	named entity submits this statement to lions of registered agent.	r the purpose of changing its	register	ed office or register	red agent, or born	, in the state of Fig	orida. Tani lamiliar with,	and accept
SIGNATURE.	Joseph Ro	had & Hust	<i>'</i>			1-	7-08	į
JIGNATORE	signature, typed or printed name of registered agent	and title if applicable. (NOTE	; Registere	ed Agent signature required	d when reinstating)		DATE	
FILE NOWIII FRE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTORS	S IN 11
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CITY-ST-ZIP				CT ADDITION (
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I nereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: