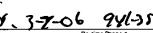
2006 FOR PROFIT CORPORATION ANNUAL REPORT

03-13-2006 90067 030 ***158.75 **DOCUMENT # P05000037350** 1. Entity Name TUCKER'S CABINET WORX INCORPORATED Principal Place of Business Mailing Address **5046 ALMANZA AVENUE 5046 ALMANZA AVENUE** SARASOTA, FL 34235 SARASOTA, FL 34235 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02102006 City & State City & State 4. FEI Number Applied For 20-2471*706* Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHELLE K. OTTO P.A. Street Address (P.O. Box Number is Not Acceptable) 2010 PINE TERRACE SARASOTA, FL 34231 City 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 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition TUCKER, NATHAN NAME NAME STREET ADDRESS 5046 ALMANZA AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-ZIP TRES TITLE Delete TITLE ☐ Change Addition TUCKER, STACEY NAME NAME STREET ADDRESS 5046 ALMANZA AVENUE STREET ADDRESS CITY-ST-ZIP-SARASOTA, FL 34235 CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADORESS CITY+ST+7IP CITY-ST-7IP TITLE ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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.

SIGNATURE:



FILED Mar 13, 2006 8:00 am

Secretary of State