


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000048672  
 1. Entity Name  
 INSUA CABINET INSTALLATIONS, INC.



Principal Place of Business 106 SUNDANCE TRAILS WIMAUMA, FL 33598 US	Mailing Address 106 SUNDANCE TRAILS WIMAUMA, FL 33598 US
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**DO NOT WRITE IN THIS SPACE**



03042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2600528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 INSUA, DOUGLAS J  
 106 SUNDANCE TRAILS  
 WIMAUMA, FL 33598

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U000006880493  
 04/10/07-80087-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INSUA, DOUGLAS J 106 SUNDANCE TRAILS WIMAUMA, FL 33598
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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: *[Signature]* Date: 03/09/07 Daytime Phone # \_\_\_\_\_