2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State 03-08-2006 90168 033 ***158.75

1. Entity Nam	18	#P050000				05-00-200	50 J010C	, 033	130.73		
Principal Plac	e of Busines	5	Maili	Mailing Address				,			
12121 CROMWELL WAY SPRING HILL, FL 34609				12121 CROMWELL WAY SPRING HILL, FL 34609			40026341				
2. Principal P	lace of Busin	vess	3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			01172006	Chg-P	CR2E0	34 (11/05)	
City & Stale			Cit	City & State			4. FEI Number 30-2649178				pplied For ot Applicable
Zip		Country	Zip)	Cour	itry		e of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Cui	rrent Register	red Agent			7. Name an	d Address of New R	egistered A	gent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				Name M Street			A'ael Barsan Ti ess (P.O. Box Number is Not Acceptable) 21 Cromwell way				
				-		City		:1/	FI	Zip Cod	0, 4 9
f. The above	named entit	v eubmite this europe	ant for the nur	nors of changing its	ranintar	<u> </u>			المحمل ماماني	34	807
 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 repeasered against and title if applicable. (NOTE: Registated Agains signature required when reinstating) OATE											
FILE NOW!!! PEE IS \$150.00 9. Election Compaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS	AND DIRECTO	ORS	11,	_	ADDITIONS	/CHANGES TO OFF	CERS AND	DIRECTOR	SINII
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12. I hereby certify that the information supplied with this tuting 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 eath; 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 chapted, or on an attachment with an address, with all other tike empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description of Director Director Date Description of Director Director Director Date Description of Director Dire											



ATTACHMENT 40026341

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 22, 2006

CABINET & MILLWORK SERVICES, INC. 12121 CROMWELL WAY **SPRING HILL, FL 34609**

Subject: CABINET & MILLWORK SERVICES, INC.

Reference Number:

P05000052386

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the 3/(v/*U*(v

following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. It a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION