2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 08, 2006 8:00 am Secretary of State

DOCUMENT # P05000056849 1. Entity Name CANADIAN CABINET CREATIONS, INC.						09-08-200	6 90003 00)2 ***15	0.00
Principal Place of Business 120 LAKEVIEW DR #216 WESTON, FL 33326 2. Principal Place of Business		Mailing Address -120 LAKEVIEW DR #216 WESTON, FL 33326	,	:		6003	8702		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05082006	Chg-P	CR2E0:	34 (11/05)	
City & State		City & State			4. FEI Numbe	29153	44	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	<u> </u>	\$8.75 Add Fee Required	litional d
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent	
			Name	2000	Lov	ME.	2502)	
KAHN, JEFFREY B ESQ. 3300 UNIVERSITY DRIVE STE 711 CORAL SPRINGS, FL 33065			Street A	ddress (P	O Box Numbe	r is Not Asceptab		unit	216
00,0,20	·		City		1			Zin Cod	
			1 0)e 89	40 <i>~</i> フ		FL	333	2.6
8. The above	named entity submits this statement for	or the purpose of changing its re	gistered office o	r registere	d agent, or bot	h, in the State of F	Florida. I am I	amiliar with,	and accept
_	ions of registered agent. VCNON VELSON Signature, typed or printed name of registered agent	> President.	Registered Agent signat	> C	<u>~Cc</u>		Sept	6,2	006
:	olgistore, types or printed rights or registered again			urb required w	vien remetating)		DATE		
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	Election Campaign Trust Fund Contrib			OO May Be d to Fees	In accordance corporation di	with s. 607. d not receive	193(2)(b), the prior r	F.S., the notice.
10:	/) OFFICERS AND		11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
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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 addless with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

ATTACHMENT

60038702 To whom it may concern: I apoligize for any inconvience may have caused in Being Late. My Mail Delivery has Been Iratic to say The Least-IF you Determine any other fee's owing, could you Please send a Ouplicate Bill to my shop address. 2629 5 Aug N.E Pompano Beach Fl. 33064 - 5415 Thank you for your time. nows Reproy Since Fly.

754-422-3101