

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058203

FILED
Apr 26, 2008
Secretary of State

Entity Name: U-SAVE CABINETS AND FLOORS, INC.

Current Principal Place of Business:

1919 GLYNN AVE SUITE 48
BRUNSWICK, GA 31520

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21677
ST. SIMONS ISLAND, GA 31522

New Mailing Address:

FEI Number: 01-0833979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUBBS, DARCY ELTON
1238 NASSAUVILLE RD.
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STUBBS, JOHN ALLEN
Address: 1919 GLYNN AVE SUITE 48
City-St-Zip: BRUNSWICK, GA 31520

Title: D () Delete
Name: STUBBS, DARCY ELTON
Address: 1919 GLYNN AVE STE 48
City-St-Zip: BRUNSWICK, GA 31520

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: STUBBS, JOHN ALLEN
Address: 1919 GLYNN AVE SUITE 48
City-St-Zip: BRUNSWICK, GA 31520

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARCY ELTON STUBBS

D

04/26/2008

Electronic Signature of Signing Officer or Director

_____ Date