

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062194

FILED
Jul 07, 2006
Secretary of State

Entity Name: CABINETS DIRECT SALES, CORP.

Current Principal Place of Business:

11 SABRE CAY LN.
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1326 S. MICHIGAN AVE,
SUITE 100
CHICAGO, IL 60605

New Mailing Address:

FEI Number: 20-2744802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOBIESKI, TERESA
11 SABRE CAY LN.
NAPLES, FL 34102 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOBIESKI, TERESA
Address: 11 SABRE CAY LN.
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SOBIESKI, STANISLAW
Address: 11 SABRE CAY LN.
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TERESA SOBIESKI

D

07/07/2006

Electronic Signature of Signing Officer or Director

Date