


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90115 023 ***150.00

DOCUMENT # 1. Entity Name	PO5000067455 <i>T and T Cabinetry Inc</i>	
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DO NOT WRITE IN THIS SPACE

20016354

2. Principal Place of Business <i>1314 US 15</i>	3. Mailing Address <i>1314 US 15</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Bunnell FL 32110</i>	City & State <i>Bunnell FL 32110</i>
Zip <i>32110</i>	Country <i>FLA 16</i>

4. FEI Number <i>161723755</i>	Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <i>Spiegel & Utrera, P.A.</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>1840 Coral Way, 4th Floor</i>	
	City <i>MIAMI</i>	Zip Code <i>FL 33145</i>

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT RALPH V TONACHIO 40 SEASON VALLEY PATH PALM COAST FL 32164</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VICE PRESIDENT LOUIS TONACHIO 2 RIVIERE LN PALM COAST FL 32164</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SECRETARY RALPH TONACHIO 40 SEASON VALLEY PATH PALM COAST FL 32164</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TREASURER LOUIS TONACHIO 2 RIVIERE LN PALM COAST FL 32164</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis TONACHIO* *3-03-06* *586 0111*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)