


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-15-2006 90100 009 ***150.00

DOCUMENT # P05000127429 1. Entity Name EXPERT INTERIORS AND CABINETRY INC	
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Principal Place of Business 246 MICHAEL DRIVE ST AUGUSTINE, FL 32086	Mailing Address 246 MICHAEL DRIVE ST AUGUSTINE, FL 32086
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2. Principal Place of Business 1050 STATE RD. 206 E. Suite, Apt. #, etc. SUITE C City & State ST AUGUSTINE, FL Zip 32086	3. Mailing Address 1050 STATE RD 206 E. Suite, Apt. #, etc. SUITE C City & State ST AUGUSTINE, FL Zip 32086
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02072006 Chg-P CR2E034 (11/05)

4. FEI Number 203466767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVEIRA, TONI 246 MICHAEL DRIVE ST AUGUSTINE, FL 32086	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVEIRA, TONI 246 MICHAEL DRIVE ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 address, with all other like empowered.

SIGNATURE: Toni M. Oliveira 3/6/06 904.774.2203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #