


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90099 014 ***150.00

DOCUMENT # P06000032069 1. Entity Name FLORIDA CABINETRY.COM, INC.					
Principal Place of Business 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				Mailing Address 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business - No P.O. Box # 12060 175th Road North		3. Mailing Address 12060 175th Road North			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 20-4430554	
Zip 33478		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name <u>HENRY BLEIEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>2699 STIRLING RD C-307</u> City <u>FT LAUDERDALE</u> FL Zip Code <u>33312</u>		
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 <u>Henry Bleien</u> DATE <u>3/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALARIO JR., DAVID J 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Talarico, David J, Jr. 12060 175th Road North Jupiter, FL 33478	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>David J. Talarico Jr.</u> DATE <u>3/27/07</u> DAYTIME PHONE # <u>5614279543</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					