2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 02-14-2008 90030 036 ***150.00 DOCUMENT # P06000032069 1. Entity Name FLORIDA CABINETRY.COM, INC. TUUES-Principal Place of Business Mailing Address 12060 175TH RD N 12060 175TH RD N JUPITER, FL 33478 JUPITER, FL 33478 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4430554 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLEIER, HENRY Street Address (P.O. Box Nun 2699 STIRLIUS RD C-307 #118 FORT LAUDERDALE, FL 33312 ããã 2≥ The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. SIGNATURE. Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE TALARICO TR., DAVIOJ TALARIOC JR., DAVID J NAME NAME 12060 175TH RD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition THE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Feb 14, 2008 8:00 am