2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 24, 2007 8:00 am Secretary of State DOCUMENT # P06000064285 1. Entity Name 04-24-2007 90015 027 ***150.00 KITCHEN CABINET PARTS DIRECT, INC. Principal Place of Business Mailing Address 9750 B WEST SAMPLE ROAD CORAL SPRINGS FL 33065 9750 B WEST SAMPLE ROAD CORAL SPRINGS FL 33063 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11410 W. Sample M. 11410 W. Sample row Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-5204268 Corel Springs FL. Coral Springs Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33065 USA 33065 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVID M. BECKERMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 7000 WEST PALMETTO PARK ROAD 500 **BOCA RATON FL 33433** 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 flame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE Delete IIILE ☐ Change ■ Addition Steven Hammer STEVEN, HAMMER NAME NAME 11410 W. Sample of 9750 B WEST SAMPLE ROAD STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** Come springs PC 33065 CHY-S1-ZIP CITY - ST - ZIP Delete TITLE TITLE Change Addition Hammer David. 11410 W snuple of HAMMER, DAVID NAME 9750 B WEST SAMPLE ROAD STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP ☐ Change HILLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HHE DILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SJ-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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 Section 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. Stenn J. I-lammer 954-752-5001

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

FILED