## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000069234

Entity Name: ON THE LEVEL CABINET SUPPLY, INC.

FILED Apr 30, 2007 Secretary of State

Current Principa			
	l Place of Business:	New Principal Place of	Business:
1020 SAVAGE CT LONGWOOD, FL		285 NATIONAL PL LONGWOOD, FL 32750	
Current Mailing	Address:	New Mailing Address:	
1020 SAVAGE CT LONGWOOD, FL		285 NATIONAL PL LONGWOOD, FL 32750	
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
ALTAMONTE SPI			
		e purpose of changing its registered of	fice or registered agent, or both,
The above named in the State of Flor	l entity submits this statement for th		fice or registered agent, or both,  Date
The above named in the State of Florest SIGNATURE:	l entity submits this statement for th rida.		
The above named in the State of Florest SIGNATURE:	l entity submits this statement for th rida. Electronic Signature of Registered A Financing Trust Fund Contribution ().	Agent	
The above named in the State of Floring SIGNATURE:  Election Campaign F OFFICERS AND Title: P Name: MCALI Address: 1249 E	l entity submits this statement for th rida. Electronic Signature of Registered A Financing Trust Fund Contribution ().	Agent ADDITIONS/CHANGES	Date

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRK MCALISTER P 04/30/2007