2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113563

PELAEZ, MERLYN

BRANDON, FL 33511 US

2006 PLANTATION KEY CIR # 106

Name:

Address:

City-St-Zip:

Entity Name: ANCON CABINETS CORP.

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2006 PLANTATION KEY CIR # 106 BRANDON, FL 33511 **Current Mailing Address: New Mailing Address:** 2006 PLANTATION KEY CIR # 106 BRANDON, FL 33511 US FEI Number: 20-5481528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH, FL 33139 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete () Change () Addition PELAEZ, ORLANDO Name: Name: 2006 PLANTATION KEY CIR # 106 Address: Address: City-St-Zip: BRANDON, FL 33511 US City-St-Zip: Title: () Delete Title: TRES () Change () Addition Name: PELAEZ, OROSMAN Name: 2006 PLANTATION KEY CIR # 106 Address: Address: BRANDON, FL 33511 US City-St-Zip: City-St-Zip: Title: Title: SECT () Delete () Change () Addition PELAEZ, ADA Name: Name: 2006 PLANTATION KEY CIR # 106 Address: Address: City-St-Zip: BRANDON, FL 33511 US City-St-Zip: Title: DIR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MERLYN PELAEZ DIR 04/28/2007