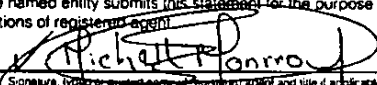
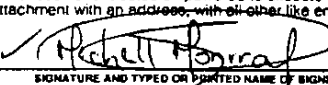


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3. Mar 30, 2007 8:00 am
Secretary of State

03-12-2007 90364 026 ***150.00

DOCUMENT # P06000117217			
1. Entity Name THE MASTER CABINET & TRIM INC.			
Principal Place of Business 2212 SAN VITTORINO CIRCLE #103 KISSIMMEE, FL 34741		Mailing Address 2212 SAN VITTORINO CIRCLE #103 KISSIMMEE, FL 34741	
2. Principal Place of Business - No P.O. Box # 3516 Garden E DR		3. Mailing Address 3516 Garden E DR	
Suite, Apt. #, etc. Apt A		Suite, Apt. #, etc. Apt A	
City & State Palm Beach Gardens FL		City & State Palm Beach FL	
Zip 33410	Country US	Zip 33410	Country US
4. FEI Number 56-2609924		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONRROY, MICHELL J 2212 SAN VITTORINO CIRCLE #103 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Montroy, Michell J Street Address (P.O. Box Number is Not Acceptable) 3516 Garden E DR Apt A City Palm Beach Gardens FL Zip Code 33410	
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 		DATE 3/3/07	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MONRROY, MICHELL J 2212 SAN VITTORINO CIRCLE #103 KISSIMMEE, FL 34741 ☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 3516 Garden E DR Apt A Palm Beach Gardens FL 33410		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		DATE 3/3/07 561-262-6091	

66001400



03032007 Chg-P CR2E034 (12/08)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone