

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008545

Entity Name: DMJ CABINETS INC.

FILED
Jul 03, 2008
Secretary of State

Current Principal Place of Business:

7503 N FLORIDA AVE.
CITRUS SPRINGS, FL 34434

New Principal Place of Business:

3484B HARTLEY CT
HERNANDO, FL 34442

Current Mailing Address:

7503 N FLORIDA AVE.
CITRUS SPRINGS, FL 34434

New Mailing Address:

3484B HARTLEY CT
HERNANDO, FL 34442

FEI Number: 20-8239763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECCIA, DAVID
8675 S ROCK PT.
FLORAL CITY, FL 34436 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: BECCIA, DAVID
Address: 8675 S ROCK PT
City-St-Zip: FLORAL CITY, FL 34436

Title: TS () Delete
Name: BECCIA, MAUREEN
Address: 8675 S ROCK PT
City-St-Zip: FLORAL CITY, FL 34436

Title: V (X) Delete
Name: BECCIA, JERRY
Address: 8675 S ROCK PT
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BECCIA, MAUREEN
Address: 8675 S ROCK PT
City-St-Zip: FLORAL CITY, FL 34436

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID BECCIA

CFO

07/03/2008

Electronic Signature of Signing Officer or Director

_____ Date