2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# P93000032171

Entity Name: CLASSIC CABINETS, INC.

Current Principal Place of Business:

8300 CURRENCY DR.
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

8300 CURRENCY DR.
RIVIERA BEACH, FL 33404 US

New Mailing Address:

FEI Number: 65-0406057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATEL, SAILESH
8300 CURRENCY DRIVE
RIVIERA BEACH, FL 33404 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PATEL, SAILESH
Address: 8584 155TH PL NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: PATEL, MAHESH
Address: 8670 155 PL N
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: PATEL, RAMANBHAI
Address: 8584 155TH PL NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S ( ) Delete
Name: SAILESH, PATEL
Address: 8584 155TH PL N
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAILESH PATEL D 03/11/2005

Electronic Signature of Signing Officer or Director — Date