2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000042134

Name:

Address: City-St-Zip: MCDONALD, THOMAS O

2526 STATE RD 44 W.

DELAND, FL 32720

FILED Jan 06, 2006 Secretary of State

Entity Nai	me: KELLEF	R KITCHEN CAB	INETS, INC.			-		
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
2526 STA ⁻ DELAND,	ΓΕ ROAD 44 FL 32720	W US						
Current Mailing Address:				New Mailing Address:				
P O BOX 1 DELAND,		US						
FEI Number	: 59-3192093	FEI Number A	oplied For ()	FEI Number Not App	licable ()	Certificate of Status Desir	red ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
2526 STA ⁻ DELAND,		US	tement for the pu	urpose of changing	its reaistered	office or registered agent	or both.	
	of Florida.					omes or regions ou agem	,, 0. 20,	
SIGNATUI								
		ŭ	Registered Age	nt		Date		
Election Car	npaign Financi	ng Trust Fund Con	tribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	T (TOLAND, STE 2526 STATE DELAND, FL	RD 44 W		Title: Name: Address: City-St-Zip:	TRES TOLAND, STI 2526 STATE DELAND, FL	RD 44 W		
Title: Name: Address: City-St-Zip:	PS (MCDONALD, 2526 STATE DELAND, FL	RD 44 W		Title: Name: Address: City-St-Zip:	PRES MCDONALD, 2526 STATE DELAND, FL	RD 44 W		
Title:	CEO () Delete		Title:		() Change () Addition		

 Title:
 () Delete
 Title:
 SEC () Change (X) Addition

 Name:
 Name:
 MILLER, ROSSANA S

 Address:
 Address:
 2526 STATE ROAD 44 WEST

 City-St-Zip:
 City-St-Zip:
 DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS MCDONALD PRES 01/06/2006