2005 FOR PROFIT CORPORATION

Mar 07, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P93000058845** CLOSETS USA, INC. Mailing Address Principal Place of Business 5030 S RIDGEWOOD AVE 5030 S RIDGEWOOD AVE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 US US 1 froit. No Chg-P CR2E034 (10/03) 01252005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3198214 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LAMBERT, IRENE 831 RAILROAD ST. #12 PT ORANGE, FL 32119 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. · 原料工程 (基础) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LAMBERT, IRENE B. NAME 757 FOXHOUND STREET ADDRESS PORT ORANGE, FL 32124 03/07/05-30052-010 130.00 CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NOT WRITE STREET ADDRESS CITY-ST-ZIP HIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

FILED