2008 FOR PROFIT CORPORATION

Jan 31, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P94000038611 01-31-2008 90019 028 ***150.00 1. Entity Name ALBRECHT CABINETS, INC. Principal Place of Business Mailing Address 1350 GLOBAL COURT 1350 GLOBAL COURT SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0492655 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent — — 6. Name and Address of Current Registered Agent ALBRECHT, JEFFREY L 4070 Founders Club Drive Street Address (P.O. Box Number is Not Acceptable) 1950 GLOBAL COURT SARASOTA, FL -34240 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE !S \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete Change ALBRECHT, JEFFREY L ALBRECHT, JEFFREY L. NAME NAME STREET ADDRESS 8914 BLOOMFIELD BLVD. STREET ADDRESS 4070 Founders Club Drive City-St-ZP SARASOTA, FL 34238 CITY+ST-ZIP Sarasota 34240 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALBRECHT, DORIS NAME **4232 CENTER GATE LN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZP v/ 5 TITLE TITLE Delete ☐ Addition ALBRECHT, BEVERLY A Albrecht Beverly NAME NAME Founders Club STREET ADDRESS 8914 BLOOMFIELD BLVD. STREET ADDRESS 4070 CITY-ST-ZIP SARASOTA, FL 34238 CITY-ST-7/P Sarasota 34240 FL TITLE TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET AN IRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

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 807, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1-28-2008

941-377-7755

☐ Change

Addition

FILED