

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91331 046 ***150.00

DOCUMENT # *p94 0000 58522*
1. Entity Name
Craftline Laminat Cabinets Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1450 NE 4TH CT BOCA RATON FL</i> Suite, Apt. #, etc.		3. Mailing Address <i>1450 NE 4TH CT BOCA RATON FL</i> Suite, Apt. #, etc.	
City & State <i>Boca Raton FL</i>		City & State <i>BOCA RATON FL</i>	
Zip <i>33432</i>	Country <i>USA</i>	Zip <i>33432</i>	Country <i>USA</i>

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4. FEI Number <i>050514031</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <i>Kenneth E. Mohler</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1450 NE 4TH CT</i>	
City <i>Boca Raton</i>	FL Zip Code <i>33432</i>

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.

SIGNATURE *[Signature]* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE *05-01-02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Jill R. Mohler 1450 NE 4TH CT BOCA RATON FL 33432</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President Kenneth E. Mohler 1450 NE 4TH CT BOCA RATON FL 33432</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Kenneth E Mohler* DATE *05-01-02* 561-393-1269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)