2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P99000099102 1. Entity Name THE CABINET HOUSE, INC. Principal Place of Business Mailing Address 612 N. ORANGE AVE., SUITE D-14 612 N. ORANGE AVE., SUITE D-14 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suito, Apl. #, olc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 65-0979413 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PARKER, CAROLE A Street Address (P.O. Box Number is Not Acceptable) 18271 LITTLE OAKS DR JUPITER FL 33458 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 crinted name of registered agent and little if applicable (NOTE: Registered Agent signalute required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE ☐ Delete ULTE ☐ Change ☐ Addition PARKER, CAROLE A NAME NAMI 612 N. ORANGE AVE., SUITE D-14 STREET ADDRESS STREET ADDRESS U00000742495 JUPITER FL 33458 CITY-ST-7IP CHY-S1-ZIP /15/07-80069-0<u>22 150.00</u> TITLE ☐ Delete 1000 ☐ Change Addition NAME NAML. STREET ADDRESS STREET ADDRESS CITY SI - ZIP CITY-SI-ZIP DILE. Delete Change Addition NAME MARE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-St-7P HHE. ☐ Dolete HIII Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete ШЦ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CAROLE A. PARKER

04-20-07 (561) 745-6210

FILED