

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90041 026 ***150.00

DOCUMENT # S59909 1. Entity Name JIM RINALDO'S CABINETRY CORPORATION			
Principal Place of Business 37824 SKYRIDGE CIRCLE DADE CITY, FL 33525-0836 US		Mailing Address 37824 SKYRIDGE CIRCLE DADE CITY, FL 33525-0836 US	
2. Principal Place of Business - No P.O. Box # 37828 SKYRIDGE CR. Suite, Apt. #, etc.		3. Mailing Address 37828 SKYRIDGE CR. Suite, Apt. #, etc.	
City & State DADE CITY, FL Zip 33525 Country U.S.A.		City & State DADE CITY, FL Zip 33525 Country U.S.A.	
4. FEI Number 59-3073587		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01092007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent RINALDO, JIM 37824 SKYRIDGE CIRCLE DADE CITY, FL 33525-0836		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 37828 SKYRIDGE CR. City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RINALDO, JIM 37824 SKYRIDGE CIRCLE DADE CITY, FL 335250836	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 37828 SKYRIDGE CR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-13-07	Daytime Phone # 813-788-2715