2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# S65814

Entity Name: KAUFFMAN CABINETRY PLUS, INC.

Current Principal Place of Business:

25150 BERNWOOD DRIVE, STE. 4
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

25148 STILLWELL PKWY.
BONITA SPRINGS, FL 34135 US

New Mailing Address:

25150 BERNWOOD DRIVE, STE. 4
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0242149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAUFFMAN, MAUREEN P
25148 STILLWELL PKWY.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

KAUFFMAN, MAUREEN P
25150 BERNWOOD DRIVE, STE. 4
BONITA SPRINGS, FL 34135 US

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: 04/08/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KAUFFMAN, JOHN D
Address: 25418 STILLWELL PKWY.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete
Name: KAUFFMAN, MAUREEN P
Address: 25148 STILLWELL PKWY.
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KAUFFMAN, JOHN D
Address: 25150 BERNWOOD DRIVE, STE. 4
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP (X) Change ( ) Addition
Name: KAUFFMAN, MAUREEN P
Address: 25150 BERNWOOD DRIVE, STE. 4
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN P. KAUFFMAN VP 04/08/2009
Electronic Signature of Signing Officer or Director — Date