

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013089

FILED
Apr 27, 2007
Secretary of State

Entity Name: CABINET DESIGN OF NWFL, INC.

Current Principal Place of Business:

1610 ROCK HILL RD
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

Current Mailing Address:

1610 ROCK HILL RD
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 76-0747499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKMAN, JAMES A
200 GOVERNMENT STREET SUITE 1
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AGOSTO, LUIS O
Address: 1610 ROCK HILL RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: SEC () Delete
Name: AGOSTO, REBECCA
Address: 1610 ROCK HILL RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: AGOSTO, LEONEL
Address: 9106 EAGLENEST DRIVE
City-St-Zip: NAVARRE, FL 32566 US

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: LUIS AGOSTO

PRES

04/27/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date