
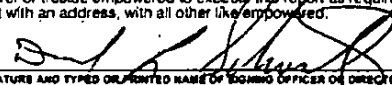


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-16-2006 90225 043 ***150.00

DOCUMENT # P05000081416			
1. Entity Name CABINETREE GARAGE STORAGE SOLUTIONS, INC.			
Principal Place of Business 1116 BICHARA BLVD THE VILLAGES, FL 32159		Mailing Address 1116 BICHARA BLVD THE VILLAGES, FL 32159	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAMPTON, DOUGLAS 12520 FADE DR. GRAND ISLAND, FL 32735		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, DOUGLAS	NAME	
STREET ADDRESS	12520 FADE DR.	STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND, FL 32735	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, DAVID L	NAME	
STREET ADDRESS	1116 BICHARA BLVD	STREET ADDRESS	
CITY-ST-ZIP	THE VILLAGES, FL 32159	CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, GLYNN L	NAME	
STREET ADDRESS	1116 BICHARA BLVD	STREET ADDRESS	
CITY-ST-ZIP	THE VILLAGES, FL 32159	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		1/5/06 (352) 710-1226	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

66008171



01072006 Chg-P CR2E034 (11/05)

4. FEI Number **72-1600749** Applied For Not Applicable

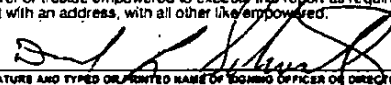
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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SIGNATURE:  DATE: 1/5/06 (352) 710-1226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE