


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P06000074981	
1. Entity Name CABINET DESIGN STUDIO, INC.	

Principal Place of Business 787 COMMERCE DR UNIT 17 VENICE, FL 34292	Mailing Address 787 COMMERCE DR UNIT 17 VENICE, FL 34292
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**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4967661	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  T&H COMPTROLLERS, INC. 200 CAPRI ISLES BLVD VENICE, FL 34292	<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	U00000865564 04/07/08-80033-021 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACKARD, GARY 591 ASTON WOODS CT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOWLAN, ROBERT J 808 GOLF DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOWLAN, ANA C 808 GOLF DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: GARY PACKARD **GARY PACKARD - SEC.** 3/18/08 941-488-8413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #