

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90003 032 \*\*\*150.00

DOCUMENT # P05000124361  
 1. Entity Name  
 CUSTOM SHOWER & BATH PRODUCTS, INCORPORATED



Principal Place of Business Mailing Address  
 1969 SOUTH ALAFAYA TRAIL #331 ORLANDO, FL 32828  
 1969 SOUTH ALAFAYA TRAIL #331 ORLANDO, FL 32828

66021297



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

05162006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3457453 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 WINKLEMAN, ELAYNE A  
 13515 BRISTLECONE CIRCLE  
 ORLANDO, FL 32828

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006  
 9. Election Campaign Financing Trust Fund Contribution.  \$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	PRES WINKLEMAN, ELAYNE H 13515 BRISTLECONE CIRCLE ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Winkelman, Elayne H. 13515 Bristlecone Circle Orlando, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Elayne A. Winkelman 04/22/06 (407)342-4731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #