2006 FOR PROFIT CORPORATION ... ANNUAL REPORT (AR)

May 01, 2006 8:00 am Secretary of State DOCUMENT # G99972 1. Entity Name 05-01-2006 90443 037 ***150.00 TAYLOR MADE KITCHENS, INC. Principal Place of Business Mailing Address 8275 SW 124 STREET MIAMI FL 33156-5957 8275 SW 124TH STREET MIAMI FL 33156-5957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2443193 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired. _ [Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NUNEZ, TED Street Address (P.O. Box Number is Not Acceptable) 8275 SW 124THSTREET **MIAMI FL 33156** City 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 Signature, typed or printed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. SID X Change ☐ Addition TITLE ☐ Delete D NUNEZ, TED NAME STREET ADDRESS 9651 SW 77 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 5/T TITLE ☐ Delete TITLE X Change Addition NAME NUNEZ, CHERYL R. NAME STREET ADDRESS STREET ADORESS 9651 S.W. 77TH STREET MIAMI FL CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Detete TITLE ☐ Change TITLE NUNEZ, RYAN T. 14300 SW 113 LN NAME STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED