2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L27606

Entity Name: FASHION KITCHENS, INC.

FILED Apr 19, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1516A INDUSTRIAL DRIVE P.O. BOX 1103 EDGEWATER, FL 32132

Current Mailing Address: New Mailing Address:

P O BOX 1103

EDGEWATER, FL 32132 US

FEI Number: 59-2985361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HORVATH, DAVID D.

2513 NEEDLE PALM DRIVE
EDGEWATER, FL 32141

HORVATH, DAVID D PRES
3308 LIME TREE DRIVE
EDGEWATER, FL 32141

EDGEWATER, FL 32141

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: DAVID D HORVATH 04/19/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: HORVATH, DAVID D., Name: HORVATH, DAVID D PD

 Address:
 2513 NEEDLE PALM DRIVE
 Address:
 3308 LIME TREE DRIVE

 City-St-Zip:
 EDGEWATER, FL
 City-St-Zip:
 EDGEWATER, FL
 32141

Title: STD () Delete Title: STD (X) Change () Addition Name: HORVATH, DEANNA M., Name: HORVATH, DEANNA M STD

Address: 2513 NEEDLE PALM DRIVE Address: 3308 LIME TREE DRIVE City-St-Zip: EDGEWATER, FL 22141

 Title:
 () Delete
 Title:
 VPD () Change (X) Addition

 Name:
 SUNDQUIST, MARK D VPD

 Address:
 Address:
 1099 WILLOW WOOD DRIVE

 City-St-Zip:
 City-St-Zip:
 PORT ORANGE, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID D HORVATH PD 04/19/2004