

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L27606

Entity Name: FASHION KITCHENS, INC.

FILED  
Apr 22, 2005  
Secretary of State

**Current Principal Place of Business:**

1516A INDUSTRIAL DRIVE  
P.O. BOX 1103  
EDGEWATER, FL 32132

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1103  
EDGEWATER, FL 32132 US

**New Mailing Address:**

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

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

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

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

HORVATH, DAVID D PRES  
430 BALTIMORE CIR  
NEW SMYRNA BEACH, FL 32168 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/22/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HORVATH, DAVID D PD  
Address: 3308 LIME TREE DRIVE  
City-St-Zip: EDGEWATER, FL 32141

Title: STD ( ) Delete  
Name: HORVATH, DEANNA M STD  
Address: 3308 LIME TREE DRIVE  
City-St-Zip: EDGEWATER, FL 32141

Title: VPD (X) Delete  
Name: SUNDQUIST, MARK D VPD  
Address: 1099 WILLOW WOOD DRIVE  
City-St-Zip: PORT ORANGE, FL 32119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HORVATH, DAVID D PD  
Address: 430 BALTIMORE CIR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: STD (X) Change ( ) Addition  
Name: HORVATH, DEANNA M STD  
Address: 430 BALTIMORE CIR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

PRES

04/22/2005

Date