2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 12, 2007 08:00 A Secretary of State DOCUMENT # P01000019959 STONE, KITCHEN & BATH, INC. Mailing Address Principal Place of Business 6001 POWERLINE ROAD 6001 POWERLINE ROAD FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 4 1 3 mm The wife 03282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1110087 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE URSO, CHARLES 6001 POWERLINS RD. THIS SPACE FORT LAUDERDALE, FL 33309 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 rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000701430 TITLE NAME URSO, CHARLES 6001 POWERLINE ROAD STREET ADDRESS \$\tag{04/20/07-80056-021\text{\$\text{\$\text{\$0\$}}\$.00\text{\$\exitt{\$\text{\$\text{\$\exitt{\$\exitt{\$\text{\$\text{\$\text{\$\exitt{\$\exitt{\$\text{\$\exitt{\$\text{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\exitt{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\exitt{\$\exitt{\$\text{\$\text{\$\exitt FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE े तथी । अनुभाविक स्वरं अनुभ NAME STREET ADDRESS Then the managed to the a CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE The state of the s STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 snall 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 ampowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED