2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2005 08:00 AM Secretary of State

1. Entity Nar BEST BU	JY KITCHENS, INC.	55 Mailing Address			Secretary of Stat
100 OAKMO BELLEAIR, F	ONT LN #701 FL 33756	100 OAKMONT LN #701 BELLEAIR, FL 33756			
1					
DO NOT WRITE IN THIS SPACE				01212005 No Chg-P CR2E034 (10/03)	
""	JO NO! WILL!	iit iiilo oi A		4. FEI Number 59-3734527 5. Certificate of Status Dec	Applied For Not Applicable sired \$8.75 Additional
	5. Name and Address of Current Rec	istered Agent			Fee Required
	, FAITH G MONT LN #701 R, FL 33756		77.4	DO NOT IN THIS	
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 title if applicable. (NOTE, Registered Agent algorithms required when refinitiating) OATE					
	Signature, speed or printed name of registered agent and to LE NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	noing _ \$5.	00 May Be and to Fees	OATE
10. TITLE	OFFICERS AND DIR	ECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	FAITH, SHEVLIN 100 OAKMONT LANE #701 BELLEAIR, FL 33756			01/28.	0000201485 705-80067-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					and rules of the second
12. I hereby certify that the information supplied with this filing does not qualify 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 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 attagriment with an address, with all other like empowered.					
SIGNAT	TURE: SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR DIRECT	TOR .	1/25 pate	105 1727- 448 08 40