2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

DOCUMENT # P01000077455 1. Entity Name BEST BUY KITCHENS, INC.						Ň.	secr	etary of Sta
Principal Place of Business 100 OAKMONT LN #701 BELLEAIR, FL 33756	1	ailing Address 100 OAKMONT LN #701 BELLEAIR, FL 33756			1 (187)(187) (()	B 3 B 6 1 B 1 1 B 1 1 B 1 1 	B ira Br aii i c B ir	1 1880 BIEDI BART BIINDEN II 1281
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DO NOT WOITE IN THE CDA				į	01292007	No Chg-P	CR2	E034 (11/05)
DO NOT WRITE IN THIS SPA			CE		4. FEI Numbe 59-373			Applied For Not Applicable
		· .			5. Certificate	of Status Desired		\$8.75 Additional Fee Required
6. Name and Addre	ss of Current Regis	tered Agent	-					
SHEVLIN, FAITH G 100 OAKMONT LN #701 BELLEAIR, FL 33756			DO NOT WRITE IN THIS SPACE					
 The above named entity submits the obligations of registered agent 		ourpose of changing its register	ed office or re	egistered	agent, or bot	h, in the State of F	lorida. I a	m familiar with, and accept
SIGNATURE Signeture, typed or printed name	of registered agent and little	if applicable (NOTE: Register	ed Agent signature	required wh	en reinstaling)		DATE	
FILE NOW!!! FEE IS After May 1, 2007 Fee wi				0 May Be to Fees				
	FFICERS AND DIREC	CTORS	1					
NAME FAITH, SHEVLIN STREET ADDRESS CITY-ST-ZIP BELLEAIR, FL 337 TITLE NAME STREET ADDRESS			_			80/09 02/09	00006 707-8	19678 0006-023 150.0
CITY-ST-ZIP			l					

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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 appearance with all phaging empowered.

SIGNATURE: X

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/01 \727-448 0846