


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P01000082616

1. Entity Name
MAS KITCHEN & BATH, INC.



Principal Place of Business
**1601 CYPRESS POINTE DR
 CORAL SPRINGS, FL 33071**

Mailing Address
**C/O JOEL GAULKIN
 1320 S DIXIE HWY PH 1275
 CORAL GABLES, FL 33146**

DO NOT WRITE IN THIS SPACE



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1145787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GAULKIN, JOEL M ESQUIRE
 1320 S DIXIE HWY
 PH 1275
 CORAL GABLES, FL 33146**

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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: Joel Gaulkin, Esq. DATE: 4/18/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARF, MICHAEL 1601 CYPRESS POINTE DRIVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, JEFFREY R 383 NW 112 AVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 an address with all other like empowered

SIGNATURE: [Signature] DATE: 4/25/2006 DAYTIME PHONE: (954) 609-7271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR