

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90305 046 \*\*\*150.00

<b>DOCUMENT # P02000055278</b>											
<b>1. Entity Name</b> OCALA'S PREMIER KITCHENS & BATHS, INC.											
<b>Principal Place of Business</b> 3810 S.E. LAKE WEIR AVENUE OCALA, FL 34480			<b>Mailing Address</b> 3810 S.E. LAKE WEIR AVENUE OCALA, FL 34480								
<b>2. Principal Place of Business</b> 3661 NE 36 AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3661 NE 36 AVE Suite, Apt. #, etc.									
<b>City &amp; State</b> OCALA, FL Zip: 34479 Country:		<b>City &amp; State</b> OCALA, FL Zip: 34479 Country:		<b>4. FEI Number</b> 27-0018770 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable				
Applied For											
Not Applicable											
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04032006 Chg-P CR2E034 (11/05)							
<b>6. Name and Address of Current Registered Agent</b>  HICKS, DANIEL 421 SOUTH PINE AVENUE OCALA, FL 34474-4175			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width: 100%;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	FL Zip Code										
<b>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.</b>											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>									
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>								
<b>TITLE</b> PD <b>NAME</b> BROWN, CHARLES L <b>STREET ADDRESS</b> 3810 S.E. LAKE WEIR AVENUE <b>CITY-ST-ZIP</b> OCALA, FL 34480	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> BROWN, CHARLES L <b>STREET ADDRESS</b> 3661 NE 36 AVE <b>CITY-ST-ZIP</b> OCALA, FL 34479	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
<b>TITLE</b> SD <b>NAME</b> SMITH, DARRELL W <b>STREET ADDRESS</b> 3810 S.E. LAKE WEIR AVENUE <b>CITY-ST-ZIP</b> OCALA, FL 34480	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> SMITH, DARRELL W <b>STREET ADDRESS</b> 3661 NE 36 AVE <b>CITY-ST-ZIP</b> OCALA, FL 34479	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
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<b>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.</b>											
<b>SIGNATURE:</b> <u>Charles L. Brown</u> CHARLES L. BROWN, PRESIDENT			4/4/06 (352)629-8677								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>								