2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 14, 2008 08:00 AN **DOCUMENT # P03000122633 Secretary of State** SCHELLER KITCHEN & BATH, INC. Mailing Address Principal Place of Business **84 PINEHILL DRIVE** 84 PINEHILL DRIVE INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-0354917 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHELLER, RUSSELL A DO NOT WRITE 84 PINEHILL DRIVE INDIALANTIC, FL 32903 IN THIS SPACE 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 reinstating) U00000827414 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/21/08-80090-002 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE NAME SCHELLER, RUSSELL A STREET ADDRESS 84 PINEHILL DR. DITY-ST-7IP INDIALANTIC, FL 32903 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR