2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State
01-25-2006 90039 001 ***300.00

DOCUMENT # P04000043164

1. Entity Name
DESIGNER SHOWER OF NAPLES, INC

Principal Place of Business	Mailing Address
5434 TEXAS AVE NAPLES, FL 34113	5434 TEXAS AVE NAPLES, FL 34113

01172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5426 TEXAS AVE	5426 TEXAS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34113 Country:	Zip: 34113 Country:

4. FEI Number: 90-0152396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, CARLOS 5434 TEXAS AVE NAPLES, FL 34113	Name: SAILY PEREZ Street Address (P.O. Box Number is Not Acceptable): 5426 TEXAS AVE City: NAPLES FL Zip Code: 34113

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: [signature] DATE: 01-17-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT PEREZ, SALLY 5434 TEXAS AVE NAPLES, FL 34113	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SAILY PEREZ 5426 TEXAS AVE NAPLES, FL 34113	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, CARLOS 5434 TEXAS AVE NAPLES, FL 34113	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARLOS PEREZ 5426 TAXAS AVE NAPLES, FL 34113	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 01-17-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #