
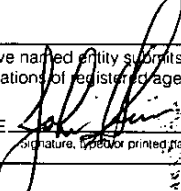
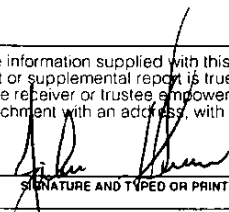


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90313 031 \*\*\*150.00

<b>DOCUMENT # P04000056689</b> 1. Entity Name <b>IDEAL KITCHENS, INC.</b>			
Principal Place of Business <b>1020 PINE ISLAND ROAD CAPE CORAL, FL 33909</b>		Mailing Address <b>C/O COSTELL &amp; ROYSTON P.O. DRAWER 60205 FORT MYERS, FL 33906</b>	
2. Principal Place of Business <b>103 DEL PRADO BLVD</b> Suite, Apt. #, etc. <b>14</b>		3. Mailing Address <b>103 DEL PRADO BLVD</b> Suite, Apt. #, etc. <b>14</b>	
City & State <b>CAPE CORAL FL</b>		City & State <b>CAPE CORAL</b>	
Zip <b>33909</b>		Zip <b>33909</b>	
Country <b>LEE</b>		Country <b>USA</b>	
4. FEI Number <b>56-2449906</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <b>4/4/06</b>			
(NOTE: Registered Agent signature required when reinstating)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN **	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PT SIMON, JOHN H 1020 PINE ISLAND ROAD CAPE CORAL, FL 33909</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S,T Mereida Pelier 103 Del Prado Blvd., Suite 14 Cape Coral, FL 33909</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VS BROWNING, PETER 1020 PINE ISLAND ROAD CAPE CORAL, FL 33909</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		<b>JOHN H. SIMON</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>4/4/06</b> Daytime Phone #: <b>239-633-2301</b>	