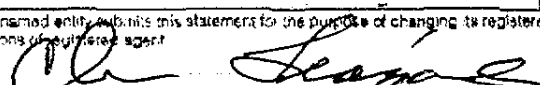
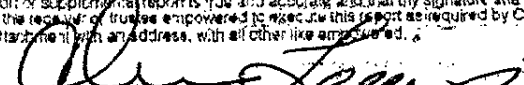


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000084813																																		
1. Entity Name GALLERY OF KITCHENS & BATHS, INC																																		
Principal Place of Business 374 TEQUESTA DRIVE TEQUESTA, FL 33469		Mailing Address 374 TEQUESTA DRIVE TEQUESTA, FL 33469																																
DO NOT WRITE IN THIS SPACE																																		
04282006 No Chg-P CR2E034 (11/05) 4. FEI Number 20-1181449 6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																		
3. Name and Address of Current Registered Agent LEONAS, CHRISTOPHER 374 TEQUESTA DR JUPITER, FL 33469		DO NOT WRITE 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 fee if applicable. (NOTE: Registered Agent signature required when registering.)																																		
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 <table border="1"> <tr> <td>TITLE</td> <td>PSO</td> </tr> <tr> <td>NAME</td> <td>LEONAS, CHRISTOPHER W</td> </tr> <tr> <td>STREET ADDRESS</td> <td>374 TEQUESTA DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TEQUESTA, FL 33469</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	PSO	NAME	LEONAS, CHRISTOPHER W	STREET ADDRESS	374 TEQUESTA DRIVE	CITY-ST-ZIP	TEQUESTA, FL 33469	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		U00000557611 05/17/06-80057-016 150.00 DO NOT WRITE IN THIS SPACE
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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; that the registrar or trustee empowered to receive this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 10 or Block 11, changed, or on an statement with an address, with all other like employment.																																		
SIGNATURE: 		4-24-06																																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHRISTOPHER LEONAS		Date: _____ Designation: _____																																

TIME : 09/09/2005 09:34

TRANSMISSION VERIFICATION REPORT