2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT # P04000142475** DELUXE BATH & SHOWER, INC. Principal Place of Business Mailing Address 418 THORNBUSH PKWY. 418 THORNBUSH PKWY. DAVENPORT, FL 33837 DAVENPORT, FL 33837 No Chg-P CR2E034 (11/05) 02282006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1780318 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LOPEZ, ISAURO DO NOT WRITE 418 THORNBUSH PKWY. DAVENPORT, FL 33837 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registating) U00000540449 \$5.00 May Be 9. Election Campaign Financing 05/10/06-80018-011 158.75 FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LOPEZ, ISAURO NAME 418 THORNBUSH PKWY. STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33837 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS DO NOT WRITE CATY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CDY-SI-ZP TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE STREET ADDRESS City-ST-2IP 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 of the corporation or the receiver of changed, or on an attachment with

address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone (

SIGNATURE: