2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000157373.

1. Entity Name DISTINCTIVE APPLIANCE, INC.



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

3260 DUNDEE ROAD WINTER HAVEN, FL 33884 Mailing Address

3260 DUNDEE ROAD WINTER HAVEN, FL 33884



DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1916943

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of 0	Current Registered	Agent

KIDD, GARY 418 GLENEAGLE COURT WINTER HAVEN, FL 33884

DO NOT WRITE IN THIS SPACE

		•		IIN	THIS SPACE
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title t	appicable, (NO1E Registered	Agent signature	a (equired whom reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	aing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PSTD KIDD, GARY 418 GLENEAGLE COURT WINTER HAVEN, FL 33884				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000608095 01/31/07-80063-010 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE					

12. Thereby 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: _

STREET ADDRESS
CITY-S1-ZIP
TITLL
NAME
STREET ADDRESS
CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/26/07

(863)318-163.