

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90223 037 \*\*\*150.00

<b>DOCUMENT # P04000171680</b> 1. Entity Name <b>BROTHERS KITCHEN INSTALLATIONS, INC.</b>			
Principal Place of Business 7575 59TH AVE. VERO BEACH, FL 32967		Mailing Address 7575 59TH AVE. VERO BEACH, FL 32967	
2. Principal Place of Business - No P.O. Box # <b>1327 TEABERRY LN</b>		3. Mailing Address <b>1327 TEABERRY LN</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>SEBASTIAN, FL</b>		City & State <b>SEBASTIAN, FL</b>	
Zip <b>32958</b>		Zip <b>32958</b>	
Country <b>INDIAN RIVER</b>		Country 	
4. FEI Number <b>11-3738019</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> ST. JOHN, DOUGLAS J JR 7575 59TH AVE. VERO BEACH, FL 32967		<b>7. Name and Address of New Registered Agent</b> Name <b>WILLIE D. WILES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1327 TEABERRY LANE</b> City <b>SEBASTIAN</b> <b>FL</b> Zip Code <b>32958</b>	
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 <u><i>Willie Wiles</i></u> <span style="float: right;">4-19-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T WILES, WILLIE D 7575 59TH AVE VERO BEACH, FL 32967 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST 1327 TEABERRY LN SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ST. JOHN, DOUGLAS JR 7575 59TH AVE VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILES, KRISTOPHER M 2201 REDWOOD CR NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Willie Wiles</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-19-07 <small>Date Daytime Phone #</small>	

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