
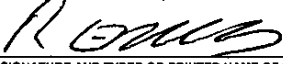


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90053 047 ***158.75

DOCUMENT # P05000145779 1. Entity Name RE-BORN BATHS, INC.					
Principal Place of Business 2090 S. NOVA ROAD SUITE 121 SOUTH DAYTONA, FL 32119			Mailing Address 2090 S. NOVA ROAD SUITE 121 SOUTH DAYTONA, FL 32119		
2. Principal Place of Business - No P.O. Box # 5656 Isabelle Ave.		3. Mailing Address 5656 Isabelle Ave.			
Suite, Apt. #, etc. Suite 9		Suite, Apt. #, etc. Suite 9			
City & State Port Orange, FL		City & State Port Orange, FL			
Zip 32127		Country US		Zip 32127	
Country US		4. FEI Number 20-3708710			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, ROBERT J 2090 S. NOVA ROAD SUITE 121 SOUTH DAYTONA, FL 32119			7. Name and Address of New Registered Agent Name Edwards, Robert J. Street Address (P.O. Box Number is Not Acceptable) 5656 Isabelle Ave. Suite 9 City Port Orange FL Zip Code 32127		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, ROBERT J 2090 S. NOVA ROAD SUITE 121 SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, ROBERT J. 5656 Isabelle Ave., Suite 9 Port Orange, FL 32127
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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:  03/30/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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