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Secretary of State
03-23-2006 90015 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000154552

1. Entity Name
BATH AND KITCHEN DESIGNS, INC.

Principal Place of Business	Mailing Address
36348 KEYSTONE AVE. ZEPHYRHILLS, FL 33541	36348 KEYSTONE AVE. ZEPHYRHILLS, FL 33541

66008947

03082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
38732 Otis Allen Rd	PO BOX 986
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zephyrhills FL	City & State: Zephyrhills FL
Zip: 33540 Country:	Zip: 33539-0986 Country:

4. FEI Number: 20-3814078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VASQUEZ, JOSEPH A JR. 36348 KEYSTONE AVE. ZEPHYRHILLS, FL 33541	Name: Joseph A. Vasquez Jr. Street Address (P.O. Box Number is Not Acceptable): 38732 Otis Allen Rd City: Zephyrhills FL Zip Code: 33540

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES VASQUEZ, JOSEPH A JR. 36348 KEYSTONE AVE. ZEPHYRHILLS, FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Joseph A Vasquez, Jr 38732 Otis Allen Rd Zephyrhills FL 33540	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VASQUEZ, JOSEPH A JR. 36348 KEYSTONE AVE. ZEPHYRHILLS, FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC VASQUEZ, JOSEPH A JR. 36348 KEYSTONE AVE. ZEPHYRHILLS, FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA VASQUEZ, JOSEPH A JR. 36348 KEYSTONE AVE. ZEPHYRHILLS, FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VASQUEZ, MICHELLE 36348 KEYSTONE AVE. ZEPHYRHILLS, FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 3/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #