

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161221

FILED
May 02, 2008
Secretary of State

Entity Name: ONE STOP KITCHEN BATH & FLOORS INC.

Current Principal Place of Business:

1736 LINDZLU STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

2496 PRAIRIE VIEW DRIVE
WINTER GARDEN, FL 34787

Current Mailing Address:

1736 LINDZLU STREET
WINTER GARDEN, FL 34787

New Mailing Address:

2496 PRAIRIE VIEW DRIVE
WINTER GARDEN, FL 34787

FEI Number: 20-4026553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSAUD, BUDDY
7232 SANDLAKE RD
300
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHOWBAY, LAXSHMI
Address: 1736 LINDZLU STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHOWBAY, LAXSHMI
Address: 2496 PRAIRIE VIEW DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAXSHMI D. CHOWBAY

P

05/02/2008

Electronic Signature of Signing Officer or Director

Date