2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P06000038285 02-05-2007 90119 020 ***158.75 1. Entity Name TOILET-BIDET-KIT CORP Principal Place of Business Mailing Address 60012557 1500 N OCEAN BLVD STE 602 1500 N OCEAN BLVD STE 602 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3631 W. COMMERCIAL BY 3631 W. COMMERCIAL BJ Suite, Apt. #, etc. Suite, Apt, #, etc 01292007 Chg-P CR2E034 (12/06) FEI Number Applied For 4. FEI Number 20-452 4879 ORT LAUDER DALE FL. ORT L Not Applicable Zip 33309 Country \$8.75 Additional 5. Certificate of Status Desired 3309 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODSTOCK DEHISE **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) As 31 W. COM MERCIAL 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960 Zincod 309 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPV TITLE □ Delete TITLE ☐ Change ☐ Addition WOODSTOCK DENISE 3631 W. COMMERCIAL BIVD. # 7 WOODSTOCK, DENISE NAMÉ NAME STREET ADDRESS STREET ADDRESS 1500 N OCEAN BLVD STE 602 FORT LAUDER DALE FL. 33309 CITY - ST - ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP Addition ST TITLE ☐ Delete TITLE WOODSTOCK DENISE 8631 W. COMMERCIAL BND WOODSTOCK, DENISE NAME NAME STREET ADDRESS 1500 N OCEAN BLVD STE 602 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP OFT LAUDER DALE FL. 33309 TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Feb 05, 2007 8:00 am