

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086509

FILED
Jul 30, 2007
Secretary of State

Entity Name: KITCHENS KLOSETS BATHS KREATIONS, INC.

Current Principal Place of Business:

319 SW BEACHWAY AVE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

319 SW BEACHWAY AVE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 74-3181504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, LLOYD J
319 SW BEACHWAY AVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

CAIN, MATTIE
3410 NOBLE AVE
PALM CITY, FL 34990 US

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: MATTIE CAIN

07/30/2007

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: ROGERS, LLOYD J
Address: 319 SW BEACHWAY AVE
City-St-Zip: PALM CITY, FL 34990

Title: V () Delete
Name: SKIDMORE, PERRY
Address: 319 SW BEACHWAY AVE
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: PRESTI, TOM JR
Address: 319 SW BEACHWAY AVE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MATTIE CAIN

RA

07/30/2007

Electronic Signature of Signing Officer or Director

Date