

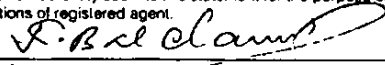
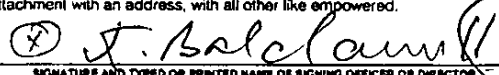


**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90193 023 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P94000083800</b>			
1. Entity Name WASHBOWL OF FORT MYERS INC.			
Principal Place of Business 357 MORSE PLAZA FT MYERS, FL 33905	Mailing Address 357 MORSE PLAZA FT MYERS, FL 33905		
<b>DO NOT WRITE IN THIS SPACE</b>		66016508	
			
		04172007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0535500	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent  BALACHANTHIRAN, KIRUDDINAN 357 MORSE PLAZA FT. MYERS, FL 33905		<b>DO NOT WRITE IN THIS SPACE</b>	
9. 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 4-20-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALACHANTHIRAN, KIRUDDINAN 357 MORSE PLAZA FT MYERS, FL 33905		
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<b>DO NOT WRITE IN THIS SPACE</b>			
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: 		Date 5-14-07 239-241-3430	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Dayr Phone	