

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052662

Entity Name: T2 KITCHEN AND BATH, INC.

FILED
Feb 09, 2006
Secretary of State

Current Principal Place of Business:

3620 SILVER STAR RD.
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

3620 SILVER STAR RD.
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-3321923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, THOMAS A
121 NORRIS PLACE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

SMITH, THOMAS A
1318 OLYMPIA PARK CIRCLE
OCOE, FL 34761 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: THOMAS A. SMITH

02/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, THOMAS A
Address: 121 NORRIS PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: SMITH, THOMAS A
Address: 121 NORRIS PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: LOWVORN, LINDA
Address: APT 370 F NORTH RIVER PARKWAY
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, THOMAS A
Address: 1318 OLYMPIA PARK CIR.
City-St-Zip: OCOEE, FL 34761

Title: V.P. (X) Change () Addition
Name: PRASKY, THOMAS D
Address: 121 NORRIS PLACE
City-St-Zip: CASSELBERRY, FL 32707

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS A. SMITH

PRES

02/09/2006

Electronic Signature of Signing Officer or Director

Date