

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089635

FILED
Jan 11, 2008
Secretary of State

Entity Name: THE DESIGN STUDIO FINE KITCHENS AND BATHS, INC.

Current Principal Place of Business:

658 A LOVEJOY ROAD
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

658 A LOVEJOY ROAD NW
FT. WALTON BEACH, FL 32548

Current Mailing Address:

658 A LOVEJOY ROAD
FT. WALTON BEACH, FL 32548

New Mailing Address:

658 A LOVEJOY ROAD NW
FT. WALTON BEACH, FL 32548

FEI Number: 59-3413252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STECKLEIN, MONIQUE
367 OSBORNE DRIVE
FT. WALTON BEACH, FL 32548 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: KOTOWSKE, STEVE K MR
Address: 1400 DRIFTWOOD POINT ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRS (X) Change () Addition
Name: KOTOWSKE, STEVE K MR
Address: 1400 DRIFTWOOD POINT ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: STEVEN K. KOTOWSKE

PRS

01/11/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date