

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020190

FILED
Mar 22, 2006
Secretary of State

Entity Name: FIRST CLASS BATH SYSTEMS INC.

Current Principal Place of Business:

1219 CAPE CORAL PKWY E
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1219 CAPE CORAL PKWY E
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-0732862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINN, KAREN
1219 CAPE CORAL PKWY E
CAPE CORAL, FL 33904 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: PS () Delete
Name: QUINN, KAREN
Address: 1312 SE 11TH TERR
City-St-Zip: CAPE CORAL, FL 33990

Title: V () Delete
Name: QUINN, ANTHONY A
Address: 4963 VICEROY ST #12
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: QUINN, ANTHONY A
Address: 1312 SE 11TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

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: KAREN QUINN

PS

03/22/2006

Electronic Signature of Signing Officer or Director

_____ Date