

SECRETARY OF STATE JESSE WHITE
UNOFFICIAL COPY
STATE OF ILLINOIS
CORPORATE ANNUAL REPORT

(Form CDBCAF - Rev. 03/06/2006)

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

(USE BLACK INK)



BATHWORKS, INC.
% ROBERT BECKER
3956 N ELSTON AVE
CHICAGO IL 60618

Doc#: 0716654080 Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 06/15/2007 01:21 PM Pg: 1 of 2

10/04/2005
Cook County

1-4. Verify information is accurate.

5. MUST list names and addresses of all officers and directors as of the date of signing. If you are the sole officer, please indicate. If more space is needed, enclose attachment with corporate file number on the attachment.

6. Changes to the authorized shares must be completed on form BCA 10.30 for Illinois Corporations. Foreign Corporations must file certified copies of amendment from state of incorporation. If any changes have been made to the issued shares, a BCA form 14.30 must be completed and filed.

7. Verify Registered Agent on file is true and accurate. It will be necessary to file in this office form BCA 5.10 in order to make any changes in the Registered Agent's name and/or address. BCA 5.10 along with your \$25 fee should be submitted TOGETHER with the Annual Report.

7a. Insert the principal address of Corporation.

7b. This document MUST be signed by an authorized Officer.

Reverse Side

8. If item 8 is incorrect or blank, please enter the correct information here and in item 8.

FEIN: 51-0556073

9. Complete preparer information as requested.

10. Affirm female or minority status. You must complete annually by selecting appropriate box. TO QUALIFY, 51% OWNERSHIP IS REQUIRED.

FILE # D 6447-825-7

Check this box if there are any changes in President or Secretary in #5 and MAIL IN THIS PORTION WITH THE ANNUAL REPORT. Your current President and Secretary are:

President: T"POSTER MARSHALL JR 33 N DEARBORN CHICAGO IL 60602
Secretary:

26.0

DETACH AT PERFORATION AND SUBMIT WITH PAYMENT. DO NOT SUBMIT PHOTOCOPY FOR FILING

017331

1) Corporate Name BATHWORKS, INC.		2) File Number D 6447-825-7	3) State / Country Illinois	4) Inc / Qual Date 10/04/2005
5) President Name & Address Robert J. Becker 3421 N. Albany Chicago, IL 60618				
Secretary Name & Address Robert J. Becker 3421 N. Albany Chicago, IL 60618				
Officer / Director Name & Address Robert J. Becker 3421 N. Albany Chicago, IL 60618				
Officer / Director Name & Address				
Officer / Director Name & Address				
6) Share Information				
Class	Series	Par Value	Number Authorized	Number Issued as of
COMMON		.00000	10,000	07/31/2006 1,000.000
7) Registered Agent ROBERT BECKER 3956 N ELSTON AVE CHICAGO IL 60618 Cook County		YEAR 2006	7a) Principal Address of Corporation: 3956 N. Elston Ave. Chicago IL 60618 Street City State Zip Code	
7b) Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. <i>[Signature]</i> President 4/2/2007 SIGNATURE Title Date				

CORPORATE ANNUAL REPORT

(Form CDBCAB - Rev. 09/09/2004)

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

11. Enter Paid-in Capital as of the date listed. (Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts).

11a. If box 11 and 11a are different, you MUST file a BCA 14.30.

12. The State of Illinois requires all For Profit Corporations to pay a franchise tax. You must choose the method in which you will calculate your franchise tax from the 3 options listed below. You MUST fill in your choice in box 12.

A. All Property of the corporation is in Illinois and ALL business of the corporation is transacted at or from places of business in Illinois Skip boxes 12a through 12d and Enter 1.000000 in box 12e.

B. The corporation ELECTS to pay franchise tax on the basis of 100% of its total paid-in capital. Skip boxes 12a through 12d and Enter 1.000000 in box 12e.

C. The corporation has assets and / or transacts business outside of the State of Illinois, boxes 12a through 12d MUST be completed.

"Property" means gross assets, including all real, personal, tangible and intangible property, without qualification. "Business" means gross receipts, from whatever source derived.

Note: The figures used in 12a) through 12d) will be given as of the close of the corporation's fiscal year on or immediately preceding the date printed in item 11. Enter date in item 12 FYE.

12a) Enter the value of the property owned by the corporation, wherever located: GROSS ASSETS.

12b) Enter the value of the property owned by the corporation, located in Illinois: ILLINOIS GROSS ASSETS.

12c) Enter the gross amount of business transacted by the corporation everywhere.

12d) Enter the gross amount of business transacted by the corporation at or from places of business in the State of Illinois.

12e) Divide (12b + 12d) by (12a + 12c). This figure MUST BE 6 decimal places and ENTERED into box 12e.

12f) Multiply box 11 by box 12e. If the annual report is late, multiply the greater of box 11 or 11a by box 12e.

12g) Multiply box 12f by 0.001. If this figure is less than \$25.00 enter \$25.00. If greater than \$2,000,000.00 enter \$2,000,000.00.

13. If submitting after due, complete worksheet below.

Late annual report

Multiply box 12g by 0.10

2.50

Late Franchise Tax

Multiply box 12g by .01 by number of months late (minimum \$1.00).

1.75

Enter total in box 13.

TOTAL

4.25

14) \$75.00 filing fee.

15) Total due: add boxes 12g+13+14 (MINIMUM \$100.00).

16) Make check payable to Secretary of State. Please detach check stub.

CHECKLIST

Boxes 5 and 11 have been completed.

Box 12 has been completed and choice for Franchise tax was given.

Box 12e has been completed.

Box 12g is not less than \$25.00.

Box 15 is not less than \$100.00.

Box 13 is signed by an officer.

Place File number on check. Do not staple or paper clip check to annual report.

If submitting a form BCA 14.30, your previous allocation factor is 1.000000

Additional forms are located at www.silsos.net or can be requested by telephone at (217) 782-6961. For questions regarding this form please call 217-782-7808.

File # D 6447-825-7	8) FEIN 51-0556073	11) Current Paid-in Capital 07/31/2006	11a) 1,000
9) Prepared by Robert J Becker	12) A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Use decimals in 12a-d, f & g also in 13 and 15	12) FYE (See Note)
Address 3421 N. Albany Ave. Chicago, IL 60618	12a) Total Gross Assets \$	Franchise Tax & Fees	
Phone # 773-583-1100	12b) Gross Assets in Illinois \$	12g) Franchise tax (Minimum of \$25) \$25	
E-mail Address bbecker@bathworksinc.net	12c) Total Gross Business \$	13) Penalty / Interest 4.25	
10) <input type="checkbox"/> Female <input type="checkbox"/> Minority <input type="checkbox"/> Both	12d) Total Business in Illinois \$	14) Filing fee \$75.00	
Annual Report Year 2006	12e) Allocation Factor 1.000000	15) Total Due (Minimum of \$100.00) \$104.25	
		12f) Illinois Capital \$ 1000	

Jesse White Secretary of State
Department of Business Services
501 S 2nd Street
Springfield IL 62756-5510