

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000003796 1. Entity Name WORLD KITCHEN, INC.	
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Principal Place of Business ATTN: ACCOUNTS PAYABLE 11911 FREEDOM DRIVE, SUITE 601 RESTON, VA 20190-5648	Mailing Address ATTN: ACCOUNTS PAYABLE 11911 FREEDOM DRIVE, SUITE 601 RESTON, VA 20190-5648
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02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3800566	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

8. 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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

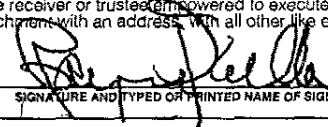
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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1000000246695
02/28/05-80076-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO SHARMAN, JAMES A 11911 FREEDOM DRIVE STE 600 RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVCF MCGARR, JOSEPH 11911 FREEDOM DRIVE #600 RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SORENSEN, JOHN 11911 FREEDOM DRIVE STE 600 RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPGC KULLA, RAYMOND 11911 FREEDOM DRIVE STE 600 RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT MAYFIELD, ANN 11911 FREEDOM DR., STE. 600 RESTON, VA 201905629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BURKE, PHILOMENA A 11911 FREEDOM DR., STE 600 RESTON, VA 201905629

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	4/24/05	703 456-4703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #