

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 15, 2006
Secretary of State**

DOCUMENT# J53212

Entity Name: GARDNER'S KITCHENS, INC.

Current Principal Place of Business:

18001 OLD CUTLER ROAD
SUITE 362
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

1 FINANCIAL PLAZA STE 1400
100 SW 3RD AVE
FORT LAUDERDALE, FL 33394 US

New Mailing Address:

FEI Number: 59-2756735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLOUCHA, LAWRENCE M ESQ.
1 FINANCIAL PLAZA STE 1400
100 SE 3RD AVE
FORT LAUDERDALE, FL 33394 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARDNER, JOSEPH T
Address: 18001 OLD CUTLER RD, SUITE #362
City-St-Zip: MIAMI, FL 33157

Title: DC () Delete
Name: ADAMS, MAURICE D
Address: 18001 OLD CUTLER RD, SUITE #362
City-St-Zip: MIAMI, FL 33157

Title: DPST (X) Delete
Name: ADAMS, ELIZABETH G
Address: 18001 OLD CUTLER RD, SUITE #362
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete
Name: GARDNER-SCHWARTZ, LOUISE
Address: 18001 OLD CUTLER RD, SUITE #362
City-St-Zip: PALMETTO BAY, FL 33157

Title: D (X) Delete
Name: ADAMS, MAURICE G
Address: 18001 OLD CUTLER RD, SUITE #362
City-St-Zip: PALMETTO BAY, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: BARED, MAURICE
Address: 5800 NW 74TH AVENUE
City-St-Zip: MIAMI, FL 33166

Title: DPS (X) Change () Addition
Name: BARED, CARLOS
Address: 5800 NW 74TH AVENUE
City-St-Zip: MIAMI, FL 33166

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

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

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: MICHAEL KIME

Electronic Signature of Signing Officer or Director

AGEN

11/15/2006

Date