2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P02000100936

Entity Name: YOUR PERSONAL GOURMET INC.

Current Principal Place of Business:

615 NEW LAKE DR
BOYNTON BEACH, FL 33426

New Principal Place of Business:

8511 BLUE CYPRESS DRIVE
LAKE WORTH, FL 33467

Current Mailing Address:

615 NEW LAKE DR
BOYNTON BEACH, FL 33426

New Mailing Address:

8511 BLUE CYPRESS DRIVE
LAKE WORTH, FL 33467

FEI Number: 06-1646690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAELSON, IRA
615 NEW CAKE DR.
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

MICHAELSON, IRA
8511 BLUE CYPRESS DRIVE
LAKE WORTH, FL 33467 US

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: 04/23/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MICHAELSON, IRA M
Address: 615 NEW LAKE DR
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D ( ) Delete
Name: MICHAELSON, LORI J
Address: 615 NEWCAKE DR.
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MICHAELSON, IRA M
Address: 8511 BLUE CYPRESS DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Change ( ) Addition
Name: MICHAELSON, LORI J
Address: 8511BLUE CYPRESS DRIVE
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IRA MICHAELSON P 04/23/2004
Electronic Signature of Signing Officer or Director — Date