


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90094 004 ***158.75

DOCUMENT # P05000081876
1. Entity Name
NORTH WOODS KITCHENS, INC.



Principal Place of Business Mailing Address
4747 N. NOB HILL RD. STE 12 4747 N. NOB HILL RD. STE 12
SUNRISE FL 33351 SUNRISE FL 33351



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number 20-2994874 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIEGFRIED, DAVID
8680 SW 212TH STREET #104
MIAMI FL 33189

7. Name and Address of New Registered Agent
Name SIEGFRIED, DAVID
Street Address (P.O. Box Number is Not Acceptable) 875 RIVERSIDE DRIVE #720
City CORAL SPRINGS FL Zip Code 33071

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 David W Siegfried PT DAVID W. SIEGFRIED DATE 4/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SIEGFRIED, DAVID 875 RIVERSIDE DR. #720 CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS KAMIOFF, EDYTHE 875 RIVERSIDE DR. #720 CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: David W Siegfried P.T. DAVID W. SIEGFRIED DATE 4/26/07 954-749-9136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #