


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90168 049 ***150.00

DOCUMENT # 449980 1. Entity Name CAPRI KITCHENS, INC.					
Principal Place of Business 9521 E. HILLSBOROUGH AVE TAMPA, FL 33610 US				Mailing Address 9521 E. HILLSBOROUGH AVE TAMPA, FL 33610 US	
2. Principal Place of Business 9513 E. Hillsborough Ave Suite, Apt. #, etc.		3. Mailing Address 9513 E. Hillsborough Ave Suite, Apt. #, etc.			
City & State TAMPA FL Zip 33610		City & State TAMPA FL Zip 33610		4. FEI Number 59-1543603	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISOM, BILL B 9521 E. HILLSBOROUGH AVE TAMPA, FL 33610				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9513 E. Hillsborough Ave City TAMPA FL Zip Code 33610	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ISOM, BILL B 9521 E. HILLSBOROUGH AVE TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9513 E. Hillsborough Ave TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ISOM, MELODY S 9521 E. HILLSBOROUGH AVE TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9513 E. Hillsborough Ave TAMPA FL 33610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECT ISOM, CHRISTOPHER B 9521 E. HILLSBOROUGH AVE. TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9513 E. Hillsborough Ave TAMPA FL 33610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 Chapter 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: Melody S. Isom <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/6/06 (813)623-1424 <small>Day Daytime Phone #</small>		