2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02271

FILED Feb 21, 2009 Secretary of State

Entity Name: TALLAHASSEE KITCHEN CENTER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
34 E. PA ΓALLAHA	RK AVE. SSEE, FL 3230	01 US		
Current N	/lailing Addres	s:	New Mailing Addr	ess:
β34 E. PA ΓALLAHA	RK AVE. SSEE, FL 3230	01 US		
El Number	r: 59-2030796	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
	/SKI, PAUL M			
ΓALLAHA	GEON WAY SSEE, FL 3230 a named entity s		e purpose of changing its registe	ered office or registered agent, or both,
TALLAHA The above	SSEE, FL 3230		e purpose of changing its registe	ered office or registered agent, or both,
TALLAHA The above	SSEE, FL 3230 e named entity s e of Florida. RE:	submits this statement for th		
FALLAHA Fhe above n the Stat SIGNATU	SSEE, FL 3230 e named entity s e of Florida. RE: Electron			ered office or registered agent, or both, Date
FALLAHA The above In the Stat BIGNATU Election Ca	SSEE, FL 3230 e named entity s e of Florida. RE: Electron	submits this statement for thic Signature of Registered A	Agent	
FALLAHA The above In the Stat BIGNATU Election Ca	e named entity see of Florida. RE: Electron mpaign Financing	submits this statement for the ic Signature of Registered And Trust Fund Contribution (). TORS: Delete PAUL MONTH AND TORY	Agent	Date
TALLAHA The above In the State GIGNATU Glection Ca DFFICER Title: Itame: Itaddress:	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT PD () GRABOWSKI, F 4444 WIDGEON TALLAHASSEE,	ic Signature of Registered A Trust Fund Contribution (). TORS: Delete PAUL M N WAY FL 32303 Delete SUSAN M N WAY	Agent ADDITIONS/CHAN Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN M. GRABOWSKI VP 02/21/2009