## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000001095

Entity Name: EPICUREAN AFFAIRS, INC

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business:  2921 N TENAYA SUITE 230 LAS VEGAS, NV 89128  Current Mailing Address:  1532 BUCCANEER CT. MARCO ISLAND, FL 34145  FEI Number: 65-1212161 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Des Name and Address of Current Registered Agent:  POLLEY, KIMBERLY M 1532 BUCCANEER CT. MARCO ISLAND, FL 34145  FEI Number: 65-1212161 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Des Name and Address of New Registered Agent  POLLEY, KIMBERLY M 1532 BUCCANEER CT. MARCO ISLAND, FL 34145 US  The above named entity submits this statement for the purpose of changing its registered office or registered age in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND IN Name: Name: POLLEY, KIMBERLY M Name: POLLEY, KIMBERLY M Name: POLLEY, KIMBERLY M Name: Name: Name: Otty-St-Zip:  Title: V ( ) Delete Title: ( ) Change ( ) Addition Name: POLLEY, WILLIAM Name: Address: ( ) City-St-Zip:  Title: V ( ) Delete Title: ( ) Change ( ) Addition Name: Name: Name: Address: ( ) City-St-Zip:  Title: V ( ) Delete Name: POLLEY, WILLIAM Name: Address: ( ) Status Des Name: Address: ( ) City-St-Zip:  Title: V ( ) Delete Name: POLLEY, WILLIAM Name: Address: ( ) Status Des Name: Address: ( ) City-St-Zip:  The Address: ( ) City-St-Zip: MARCO ISLAND, FL 34145		
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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: KIMBERLY M. POLLEY DPST 04/11/2007