## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # F04000006284



SUR LA TABLE, INC.

2. Principal Place o	of Business	3. Mailing Address				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.	03312006			
		City & State		4. FE! Num 91-16		
Zip	Country	Zip	Country	5. Certificate		
6.	Name and Address of Cu	,	7. Name and			
NRAI SERVICE 2731 EXECUTI SUITE 4 WESTON, FL	VÉ PARK DRIVE	Name Street Ad	dress (P.O. Box Numbe			

## **FILED** Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90391 040 \*\*\*150.00

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Principal Place of Business		Mailing Address				dono									
5701 6TH AVE. S, SUITE 486		5701 6TH AVE. S, SUITE 486													
SEATTLE, WA 98108-2514		SEATTLE, WA 98108-2514													
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2. Principal Place of Business		3.	3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03312006		Chg	-P	CF	R2E03	14 (11/05)			
City & State		(	City & State			4. FE! Numb		)9					oplied For ot Applicable		
Zip	Country		-	Zip Country			5. Certificate	e of S	tatus I	Desired			8.75 Ad ee Require	ditional	
6. Name and Address of Current R		Regis	tered Agent				7. Name and	d Add	iress	of New	Registe	red A	gent		
		_				Name									
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4						Street A	ddress (P.	O. Box Numb	er is	Not A	cceptal	ble)			
WESTON,	FL 33331	I													
					City						•	FL	Zip Cod	le	
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_															
	Signature, typed	or printed name of registered agent a	and title	if applicable. (NOTE	: Registore	d Agent signat	ure required w	hen reinstating)	,			(	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.					ncing	<b>\$5.0</b> Added	<b>0</b> May Be I to Fees							•	
10.		OFFICERS AND I	DIREC	CTORS	11.			ADDITIONS	/CH/	NGE	S TO O	FFICERS	AND	DIRECTOR	S IN 11
TITLE	CEO			☐ Delete	TITLE									Change	Addition
NAME	TIERNEY, KATHLEEN C		NAM	E											
STREET ADDRESS	l	AVE. S, SUITE 486				ET ADDRESS									
CITY-ST-ZIP	SEATTLE, WA 981082514		-	- ŞT - ZIP	1										
TITLE NAME	P Delet		Delete	TITLE									☐ Change	Addition	
STREET ADDRESS				ET ADDRESS											
CITY-ST-ZIP	1			-ST-ZIP											
TITLE	600-	T		☐ Delete	TITLE			C1.105						Change	Addition
NAME	BROWNE	IELD, DEBBIE					I I rea								_
	DITOTIN	,			NAM		Brou	on Stel	۵,	$\triangleright$ e	bbu	٤			
STREET ADDRESS	5701 6TH	AVE. S, SUITE 486			STRE	E et address	1800 15701	surer un Stel Sixtu	d, A	De re	bbu Sou	e Hh :		86	
	5701 6TH SEATTLE				STRE	E	1800 1800 15701 Sec	un Sieth Sieth	d, A 24	De re	bbi Sou 181	l Hh. 1 08		86	
STREET ADDRESS CITY-ST-ZIP TITLE	5701 6TH SEATTLE T	AVE. S, SUITE 486 , WA 981082514		<b>□</b> Uelete	STRE CITY TITLE	E ET ADDRESS - ST - ZIP	Brou Stol	un Sietu Siretu attle L	ر مر مر	De re	lbbu Sou 181	l Hh . 08	#4	86 □ Lilange	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	5701 6TH SEATTLE T GRADY, E	AVE. S, SUITE 486 , WA 981082514		<b>□</b> Delete	STRE CITY TITLE NAMI	E E1 ADDRESS - S1 - ZIP E	Brou Stol	un Sietu Sietu Littu L	Ы, А, М	De re	bbi Sou 181	th . 08	#4	_	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	5701 6TH SEATTLE T GRADY, E 5701 6TH	AVE. S, SUITE 486 , WA 981082514 EILEEN M AVE. S, SUITE 486		<b>□ □ □ □ □ □ □ □ □ □</b>	STRE CITY TITLE NAMI STRE	E ET ADDRESS - ST - ZIP	Brou 5701 Sec	un Stell Sirtu 1461 L	М, М,	De re	bbi Sou 181	th 08	#4	_	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5701 6TH SEATTLE T GRADY, E 5701 6TH SEATTLE	AVE. S, SUITE 486 , WA 981082514			STRE CITY TITLE NAMI STRE CITY	E ET ADDRESS - ST-ZIP  E E ET ADDRESS - ST-ZIP	Brou 5701 Sec	un Stell Siretu 1461	Ы, Ач ХА	De re	bbi Sou 181	e the 08	# 4	Litange	
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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: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

,2006 206.613.6046