

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90030 007 \*\*\*550.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |                                            |                                                                                                                     |                                                                                                                                                                         |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # F07000002402</b><br>1. Entity Name<br><b>KAHIKI FOODS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                            |                                                                                                                     |                                                                                        |                                                                              |
| Principal Place of Business<br><b>1100 MORRISON RD.<br/>GAHANNA, OH 43230</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                            | Mailing Address<br><b>1100 MORRISON RD.<br/>GAHANNA, OH 43230</b>                                                   |                                                                                                                                                                         |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 | 3. Mailing Address                         |                                                                                                                     |                                                                                                                                                                         |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 | Suite, Apt. #, etc.                        |                                                                                                                     |                                                                                                                                                                         |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | City & State                               |                                                                                                                     | 4. FEI Number<br><b>31-1056793</b>                                                                                                                                      |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 | Country                                    |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>NRAI SERVICES, INC.<br/>2731 EXECUTIVE PARK DR., STE. 4<br/>WESTON, FL 33331</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                            |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                              |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                            |                                                                                                                     |                                                                                                                                                                         |                                                                              |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                 |                                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                         |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                                                         |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CS</b><br><b>TSAO, ALICE W.</b><br><b>1100 MORRISON RD.</b><br><b>GAHANNA, OH 43230</b>      | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>CD</b><br><b>JOHN BITZER III</b><br><b>1100 MORRISON RD</b><br><b>GAHANNA OH 43230</b>                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>DIX, JOHN</b><br><b>1100 MORRISON RD.</b><br><b>GAHANNA, OH 43230</b>            | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>DT</b><br><b>CHARLES HANLON</b><br><b>1100 MORRISON RD</b><br><b>GAHANNA OH 43230</b>                                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>SPRAGUE, BRADFORD M.</b><br><b>1100 MORRISON RD.</b><br><b>GAHANNA, OH 43230</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>D</b><br><b>FRANCIS DAILY</b><br><b>1100 MORRISON RD</b><br><b>GAHANNA OH 43230</b>                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>DIX, CHARLES</b><br><b>1100 MORRISON RD.</b><br><b>GAHANNA, OH 43230</b>         | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>DV</b><br><b>TIM TSAO</b><br><b>1100 MORRISON RD</b><br><b>GAHANNA OH 43230</b>                                                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>HOOVER, ALAN L.</b><br><b>1100 MORRISON RD.</b><br><b>GAHANNA, OH 43230</b>      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      |                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>NIEBAUER, FRED</b><br><b>1100 MORRISON RD.</b><br><b>GAHANNA, OH 43230</b>       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>V</b><br><b>NIEBAUER, FRED</b><br><b>1100 MORRISON RD</b><br><b>GAHANNA OH 43230</b>                                                                                 | <input checked="" 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. |                                                                                                 |                                            |                                                                                                                     |                                                                                                                                                                         |                                                                              |
| <b>SIGNATURE:</b> <u>Fred Niebauer</u> <b>FRED NIEBAUER, VP-FIN</b> <b>07-09-08</b> <b>614.322.3189</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                            |                                                                                                                     |                                                                                                                                                                         |                                                                              |