


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000004066	
1. Entity Name LE GOURMET CHEF, INC.	

Principal Place of Business 149 AVE AT THE COMMON SHREWSBURY, NJ 07702	Mailing Address 149 AVE AT THE COMMON SHREWSBURY, NJ 07702
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2544497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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.

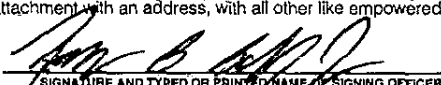
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOOM, DAVID 149 AVE AT THE COMMON SHREWSBURY, NJ 07702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHAFER, RICHARD S 149 AVE AT THE COMMON SHREWSBURY, NJ 07702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COULD, JAMES 312 WALNUT ST. SUITE 1151 CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARNELL, DAVID 263 TRESSLER BLVD. 16TH FL. STAMFORD, CT 06501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DEREK K 17 STATE ST. NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, ED 103 BUTTONWOOD LN. FAIR HAVEN, NJ 07704

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	2/11/05	732-578-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD SCHAFER, SEC/TREAS	Date	Daytime Phone 8227