## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

2	:006 FOR PROFIT ANNUAL	CORPORATIO REPORT	N	FILED Apr 11, 2006 8:00 am Secretary of State		
DOCUMENT # J40195  1. Entity Name MARY'S KITCHEN, INC.				03-22-2006 90014 035 ***150.00		
186 G EGLIN	aco of Business Mailing Address IN PKWY NE 186 G EGLIN PKWY NE IN BEACH, FL 3254B FT. WALTON BEACH, FL 32548					
D	O NOT WRITE		CE	02032006 No Chg-P		
	6. Name and Address of Current Re , GARY ,IN PKWY NE LTON BEACH, FL 32548	gistered Agent	DO NOT WRITE IN THIS SPACE			
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 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with a state of Florida. I am famil						
	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees		
10.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	OFFICERS AND DI DP LOAFMAN, GARY 87 STOWE RD MARY ESTHER, FL 32569	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP		-	DO NOT WRITE IN THIS SPACE			
HAME STREET ADDRESS CITY-ST-ZIP	,					
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 opposition 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.						
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