2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005
Secretary of State

DOCUMENT# K89517

Entity Name: CAROLE'S KITCHEN, INC.

Current Principal Place of Business:

21202 ST. ANDREWS BLVD.
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21202 ST. ANDREWS BLVD.
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0121900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVER, BRUCE F PA
6100 GLADES ROAD
SUITE 201
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PICCININNI, ARTHUR,
Address: 5122 NORTH SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL

Title: D ( ) Delete
Name: PICCININNI, CAROLE,
Address: 5122 NORTH SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL

Title: S ( ) Delete
Name: PICCININNI, JASON
Address: 6163 NW 110TH AVE.
City-St-Zip: PARKLAND, FL 33076

Title: T ( ) Delete
Name: MCKELEVEY, SCOTT
Address: 5133 NORTH SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PICCININNI, ARTHUR,
Address: 4906 N.W. 52 AVE.
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Change ( ) Addition
Name: PICCININNI, CAROLE,
Address: 4906 N.W. 52 AVE.
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARTHUR PICCININNI D 08/23/2005

Electronic Signature of Signing Officer or Director — Date