

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K89517

FILED
Apr 14, 2009
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PICCININNI, ARTHUR K
Address: 10937 SUNSET RIDGE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: PICCININNI, CAROLE J
Address: 10937 SUNSET RIDGE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

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

Title: T () Delete
Name: PICCININNI, CAROLE
Address: 10937 SUNSET RIDGE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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

04/14/2009

Electronic Signature of Signing Officer or Director

Date