

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002216

FILED
Apr 15, 2006
Secretary of State

Entity Name: KITNHEVN, INC.

Current Principal Place of Business:

130 N NOVA RD
#135
ORMOND BEACH, FL 32174

Current Mailing Address:

130 N NOVA RD
135
ORMOND BEACH, FL 32174

New Principal Place of Business:

124 N NOVA RD
#135
ORMOND BEACH, FL 32174

New Mailing Address:

124 N NOVA RD
135
ORMOND BEACH, FL 32174

FEI Number: 59-3639038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, TANI E
130 N NOVA RD
#135
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

SCOTT, TANI E
124 N NOVA RD
#135
ORMOND BEACH, FL 32174 US

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:

04/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SCOTT, TANI
Address: 25 AUTUMNWOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: GOODWIN, MARGUERITE
Address: P.O. BOX 534
City-St-Zip: JOHNSON, OH 43031

Title: D () Delete
Name: JAMES, LISA
Address: 8142 PINEVERDE LANE
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: JAMES, LISA
Address: 3408 CITATION DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D (X) Change () Addition
Name: ROTHENBERGER, ANNE
Address: 2220 OLD HAW CREEK RD
City-St-Zip: BUNNELL, FL 32110

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANI SCOTT

ST

04/15/2006

Electronic Signature of Signing Officer or Director

Date