## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002216

Entity Name: KITNHEVN, INC.

City-St-Zip:

ORMOND BEACH, FL 32174

FILED Mar 06, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of E	New Principal Place of Business:	
124 N NOV #135	/A RD			
	BEACH, FL 32174			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
124 N NOVA RD		124 N NOVA RD		
135 ORMOND BEACH, FL 32174		#135 ORMOND BEACH, FL 32	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:		Name and Address of No	Name and Address of New Registered Agent:	
SCOTT, TA 124 N NOV #135 ORMOND		FOGARTY, CAROL 124 N NOVA RD #135 ORMOND BEACH, FL 32	2174 US	
The above in the State	named entity submits this statement for the poet of Florida.	urpose of changing its registered of	fice or registered agent, or both,	
SIGNATURE: CAROL FOGARTY			03/06/2007	
	Electronic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST ( ) Delete FOGARTY, CAROL 124 N NOVA RD ORMOND BEACH, FL 32174	Title: ( ) ! Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( ) Delete JAMES, LISA 3408 CITATION DRIVE GREEN COVE SPRINGS, FL 32043	Title: ( ) ! Name: Address: City-St-Zip:	Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete ROTHENBERGER, ANNE 2220 OLD HAW CREEK RD BUNNELL, FL 32110	Title: ( ) ! Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V (X) Delete RICE, KELLEY 124 N NOVA RD ORMOND BEACH, FL 32174	Title: ( ) ! Name: Address: City-St-Zip:	Change ()Addition	
Title: Name: Address:	D (X) Delete KLORAN, LINDA 124 N NOVA RD	Title: ( ) ' Name: Address:	Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: CAROL FOGARTY ST 03/06/2007