

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002216

FILED
Feb 22, 2009
Secretary of State

Entity Name: KITNHEVN, INC.

Current Principal Place of Business:

124 N NOVA RD
#135
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

124 N NOVA RD
#135
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3639038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOGARTY, CAROL
124 N NOVA RD
#135
ORMOND BEACH, FL 32174 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

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: FOGARTY, CAROL
Address: 124 N NOVA RD
City-St-Zip: ORMOND BEACH, FL 32174

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

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

Title: D () Delete
Name: HAWK, PAT
Address: 320 E BERESFORD AV
City-St-Zip: DE LAND, FL 32724

Title: D (X) Delete
Name: TOMPOROWSKI, ROSEANNE
Address: 787 SUGAR CANE LANE
City-St-Zip: PORT ORANGE, FL 32129

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL FOGARTY

ST

02/22/2009

Electronic Signature of Signing Officer or Director

Date