2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# N02000006908

Entity Name: CULINARY CONCEPTS CHARITIES, INC.

Current Principal Place of Business:

837 5TH AVE SOUTH
100
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

837 5TH AVE SOUTH
100
NAPLES, FL 34102

New Mailing Address:

FEI Number: 13-4223197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUILLEN, GREGORY
837 5TH AVE SOUTH
100
NAPLES, FL 34102 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: D ( ) Delete
Name: QULLEN, GREGORY
Address: 837 5TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D (X) Delete
Name: MAITLAND, SALLY
Address: 3431 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: QULLEN, GREGORY
Address: 837 FIFTH AVENUE SOUTH
City-St-Zip: NAPLES, F: 34102

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 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: GREGORY QUILLEN CEO 01/17/2006

Electronic Signature of Signing Officer or Director — Date