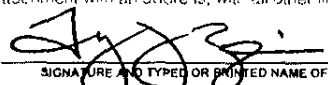


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 08:00 A
Secretary of State

DOCUMENT # P01000024340 1. Entity Name KITCHENS DIRECT OF SARASOTA, INC.					
Principal Place of Business 7359 INTERNATIONAL PLACE SARASOTA, FL 34240			Mailing Address 7359 INTERNATIONAL PLACE SARASOTA, FL 34240		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip		Country		4. FEI Number 65-1084802	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				07072006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAKIN, JOHN F 3119 MANATEE AVE W BRADENTON, FL 34205			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ZANONI, TONY J		NAME	U000000573283 08/03/06-80004-016 558.75	
STREET ADDRESS	11864 HOLLYHOCK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SUSMANN, KARL W		NAME		
STREET ADDRESS	3105 WILDERNESS BOULEVARD W		STREET ADDRESS		
CITY-ST-ZIP	PARRISH, FL 34219		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	POWERS, EDWARD J		NAME		
STREET ADDRESS	6727 64TH PLACE E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  TONY J. ZANONI President 7/7/06 941-373-6940 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					