


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000114280</b> 1. Entity Name <b>KWORTERZ VENDING, INC.</b>	
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Principal Place of Business <b>24670 SANDHILL BLVD BLDG #5 UNIT #504 PUNTA GORDA FL 33980</b>	Mailing Address <b>4069 LACOSTA ISLAND COURT PUNTA GORDA FL 33950</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number <b>42-1541793</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

<b>FRESHMAN, AUDREY 4069 LA COSTA ISLAND CT PUNTA GORDA FL 33950</b>
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**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when not using) (NOTE: Registered Agent signature required when not using)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	<input type="checkbox"/> Delete
DPVS	FRESHMAN, AUDREY S	<input type="checkbox"/>
STREET ADDRESS: 4069 LACOSTA ISLAND COURT		
CITY- ST- ZIP: PUNTA GORDA FL 33950		
PVT	FRESHMAN, AUDREY S	<input type="checkbox"/>
STREET ADDRESS: 4069 LACOSTA ISLAND CT		
CITY- ST- ZIP: PUNTA GORDA FL 33950		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Audrey S. Freshman* **AUDREY S. FRESHMAN** 4-8-08 941-270-0328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Yr