

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000024315

Entity Name: KITCHEN MAGICIAN, INC.

FILED
Nov 20, 2009
Secretary of State**Current Principal Place of Business:**416 EAST BROWNLEE STREET
STARKE, FL 32091**New Principal Place of Business:****Current Mailing Address:**4237 LAZY ACRE
MIDDLEBURG, FL 32068**New Mailing Address:**

FEI Number: 94-3424777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BLOOMER, GEORGE M
4429 CR 218 W
MIDDLEBURG, FL 32068 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: P () Delete
Name: HEDDEN, CHRISTOPHER
Address: 4237 LAZY ACRE
City-St-Zip: MIDDLEBURG, FL 32068Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP () Change (X) Addition
Name: HEDDEN, CHRISTOPHER J JR
Address: 4927 JOAN AVE
City-St-Zip: MIDDLEBURG, FL 32068

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

SIGNATURE: CHRISTOPHER HEDDEN

PRES

11/20/2009

Electronic Signature of Signing Officer or Director

Date