

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038531

FILED  
Mar 22, 2007  
Secretary of State

Entity Name: KITCHEN EXPRESSIONS, INC.

## Current Principal Place of Business:

5201 31ST PLACE S.W.  
NAPLES, FL 34110

## New Principal Place of Business:

16205 S. TAMiami TRAIL  
SUITE #3  
FORT MYERS, FL 33908

## Current Mailing Address:

5201 31ST PLACE S.W.  
NAPLES, FL 34110

## New Mailing Address:

16205 S. TAMiami TRAIL  
SUITE #3  
FORT MYERS, FL 33908

FEI Number: 03-0430220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

BRESSLER, RALPH N RA  
24932 FAIRWINDS LANE  
BONITA SPRINGS, FL 34135 US

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: RALPH N. BRESSLER

03/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRIDGES, GLENN M  
Address: 5201 31ST PLACE S.W.  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: SHEARER, JOHN M  
Address: 5201 31ST PLACE S.W.  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SHEARER, JOHN M  
Address: 16205 S. TAMiami TRAIL  
City-St-Zip: FORT MYERS, FL 33908

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

SIGNATURE: GLENN BRIDGES

D

03/22/2007

Electronic Signature of Signing Officer or Director

Date