

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038531

FILED
Feb 21, 2008
Secretary of State

Entity Name: KITCHEN EXPRESSIONS, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

17222 ALICO CENTER ROAD
SUITE 5
FORT MYERS, FL 33908

New Mailing Address:

17222 ALICO CENTER ROAD
SUITE 5
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:

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

Name and Address of New Registered Agent:

PUSKAS, ROBYN
17222 ALICO CENTER ROAD
SUITE 5
FORT MYERS, FL 33908 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: ROBYN PUSKAS

02/21/2008

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: 16205 S. TAMiami TRAIL
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: PUSKAS, ROBYN
Address: 17222 ALICO CENTER ROAD, SUITE 5
City-St-Zip: FORT MYERS, FL 33908 US

Title: DVT (X) Change () Addition
Name: PUSKAS, ATTILA
Address: 17222 ALICO CENTER ROAD, SUITE 5
City-St-Zip: FORT MYERS, FL 33908

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: ROBYN PUSKAS

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02/21/2008

Electronic Signature of Signing Officer or Director

Date