

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90039 031 \*\*\*150.00

**DOCUMENT # P03000032646**

1. Entity Name  
**EUROPEAN KITCHENS, INC.**



Principal Place of Business  
**1280 AMBERLEA DRIVE EAST  
DUNEDIN, FL 34698**

Mailing Address  
**1280 AMBERLEA DRIVE EAST  
DUNEDIN, FL 34698**

**DO NOT WRITE IN THIS SPACE**



05082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**38-3676161**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**ANDREOU, EVDOKIOS  
1280 AMBERLEA CT.  
SUITE 100  
DUNEDIN, FL 34698**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **ANDREOU, EVDOKIOS**  
STREET ADDRESS **1280 AMBERLEA DRIVE EAST**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **D**  
NAME **ANDREOU, EVDOKIOS**  
STREET ADDRESS **1280 AMBERLEA DRIVE EAST**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

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CITY-ST-ZIP

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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:**

*Evdokios Androu* *President* *4/30/06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #