

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042149

Entity Name: ABOUT TASTE CATERING, INC.

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

1915 SE DUPONT STREET  
PORT ST. LUCIE, FL 34952

## New Principal Place of Business:

6012 BUCHANAN DRIVE  
FORT PIERCE, FL 34982

## Current Mailing Address:

1915 SE DUPONT STREET  
PORT ST. LUCIE, FL 34952

## New Mailing Address:

6012 BUCHANAN DRIVE  
FORT PIERCE, FL 34982

FEI Number: 56-2346689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: MCLEAN, KAREN  
Address: 1915 SE DUPONT STREET  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VSD ( ) Delete  
Name: MCLEAN, EDWIN L  
Address: 1915 SE DUPONT STREET  
City-St-Zip: PORT ST. LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: MCLEAN, KAREN  
Address: 6012 BUCHANAN DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: VSD (X) Change ( ) Addition  
Name: MCLEAN, EDWIN L  
Address: 6012 BUCHANAN DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

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: KAREN MCLEAN

PTD

04/26/2006

Electronic Signature of Signing Officer or Director

Date