

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90867 014 ***150.00

DOCUMENT # P03000090843 1. Entity Name LOW CARB CHEF.NET, INC.			
Principal Place of Business 1100 S FEDERAL HWY BOYNTON BCH, FL 33435		Mailing Address 6400 GRAND LACUNA BLVD LAKE WORTH, FL 33467	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2906 SW 21 st TERR Suite, Apt. #, etc. 31B2	
Suite, Apt. #, etc.		City & State Delray Bch FL	
City & State		4. FEI Number 55-0844546	
Zip FL 33445		Country US	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRYOR, GREGORY 1100 S FEDERAL HWY BOYNTON BCH, FL 33435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIOR, SUSAN J 6400 GRAND LACUNA BLVD LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GREG PRYOR 2906 SW 21 st TERR 31B2 Delray Bch, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUSAN PRIOR 2906 SW 21 st TERR 31B2 Delray Bch, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBT REID 2906 SW 21 st TERR 31B2 Delray Bch, FL 33445
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		25 APR 07 561 906 3549 <small>Date Daytime Phone #</small>	