## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000097012

FILED Apr 30, 2009 Secretary of State

Entity Nar	me: KITCHEI	N 845, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
845 VAND NAPLES, F	ERBILT BEAC FL 34108	CH ROAD				
Current Mailing Address:			New Mailing	New Mailing Address:		
845 VAND NAPLES, F	ERBILT BEAC FL 34108	CH ROAD				
FEI Number:	20-0207345	FEI Number Applied For ( )	FEI Number Not Applica	ble ( ) Certificate of Status	s Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and A	ddress of New Registered A	gent:	
TAX, ACCOUNTING & FINANCIAL ASSOCIATES 809 WALKERBILT ROAD SUITE 5 NAPLES, FL 34110 US			3365 WOOD: SUITE 104	TAX FINANCIAL STRATEGISTS, LLC 3365 WOODS EDGE CIRCLE SUITE 104 BONITA SPRINGS, FL 34134 US		
	named entity e of Florida.	submits this statement for the p	urpose of changing its	registered office or registered	agent, or both,	
SIGNATUR	RE: TAX & FI	NANCIAL STRATEGISTS, LLC		04/30/2009		
	Electro	nic Signature of Registered Age	nt	Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WEINBERG, D	ILT BEACH ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	WEINBERG, V	ILT BEACH ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	WEINBERG, V	ILT BEACH ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name:	S ( WEINBERG, D	) Delete OAVID	Title: Name:	( ) Change ( ) Addition		

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.

Address:

City-St-Zip:

SIGNATURE:	DAVID WEINBERG	Р	04/30/2009

845 VANDERBILT BEACH ROAD

NAPLES, FL 34108 US

Address:

City-St-Zip: