FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000137 1. Entity Name KUTTLER KITCHENS, INC.	705		2008	FILED		
Principal Place of Business 8074 31 AVE NORTH ST PETERSBURG, FL 33710 Mailing Address 8074 31 AVE NORTH ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710				CRETARY OF S AHASSEE, FL		
2. Principal Place of Business - No P.O. Box # Kuttler Kitchengta Suite, Apt. #, etc.	3. Mailing Address 8820 - lob + Suite, Apt. #, etc.	£ ct.	01102007 Ch	g-P CR2E0	34 (12/06)	
City & State	City & State Pine llas Par	k. FL	4. FEI Number 20-0412873		<u> </u>	olied For Applicable
Zip Country	Zip Coi	untry	5. Certificate of Status	Desired	\$8.75 Addit Fee Required	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address	s of New Registered A	gent	
KUTTLER, CARL M III 8820 66TH CT PINELLAS PARK, FL 33782	Street Address	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 State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.0	S. Election Campaign Fin Trust Fund Contribution	· - +-	.00 May Be ded to Fees		-	
10. OFFICERS AND		1.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS	IN 11
TITLE PRES NAME KUTTLER, CARL M III STREET ADDRESS 88820-66TH CT	55565	ITLE IAME TREET ADDRESS	01 /15/0 3	LA5143	□ Change 3 1 - 1 # 150.	Addition (
CITY-ST-ZIP PINELLAS PARK, FL 33782 CITY-S						, i
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ITLE IAME TREET ADORESS ITY-ST-ZIP			☐ Change	Addition
TITLE NAME		ITLE IAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		ITREET ADDRESS				Ì
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CITY-ST-ZIP		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HTLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee empirical changed, or on an attachment with an address, SIGNATURE.	s true and accurate and that my signowered to execute this report as re	mature shall have the	e same legal effect as if m	ade under oath; that I	am an officer	or director