

**2005 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90103 042 \*\*\*150.00

DOCUMENT # P0400002491			
1. Entity Name KITCHEN CONSIDERATIONS INC.			
Principal Place of Business 1158 JACKSON STREET OVIEDO, FL 32765		Mailing Address 1158 JACKSON STREET OVIEDO, FL 32765	
2. Principal Place of Business <i>1158 JACKSON ST</i>		3. Mailing Address <i>1158 JACKSON ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Oviedo, FLA.</i>		City & State <i>Oviedo FLA.</i>	
Zip <i>32765</i>		Zip <i>32765</i>	
Country		Country	
4. FEI Number <i>593408253</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LEWIS, GERALD L 1158 JACKSON ST. OVIEDO, FL 32765		7. Name and Address of New Registered Agent Name <i>GERALD L LEWIS</i> Street Address (P.O. Box Number is Not Acceptable) <i>1158 JACKSON ST</i> City <i>OVIEDO</i> FL Zip Code <i>32765</i>	
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 its registered agent.  SIGNATURE <i>[Signature]</i> DATE <i>1 MAY 05</i> <small>Signature typed or printed as the registered agent and the corporation. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<i>P LEWIS, GERALD L</i>			
<i>1158 JACKSON ST</i>			
<i>OVIEDO, FL 32765</i>			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>		Date	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	



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