


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90273 035 ***150.00

DOCUMENT # P04000029832

1. Entity Name
CULINARY DISTRACTIONS INC



Principal Place of Business
**6121 SE RIVERBOAT DRIVE
 STUART, FL 34997**

Mailing Address
**6121 SE RIVERBOAT DRIVE
 STUART, FL 34997**

2. Principal Place of Business
6058 SE FEDERAL HWY

3. Mailing Address
6121 SE RIVERBOAT DR

Suite, Apt. #, etc.
APT 1033-



04032005 Chg-P CR2E034 (10/03)

City & State
STUART, FL

City & State
STUART, FL

Zip
34997

Country

Zip
34997

Country

4. FCL Number
30-0237226

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BORAH, CAROLE L
 6121 SE RIVERBOAT DRIVE
 STUART, FL 34997**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's Not Accepted)

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
P	BORAH, CAROLE L	6121 SE RIVERBOAT DRIVE	STUART, FL 34997	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III 11

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 a "other" be empowered.

SIGNATURE: **X Carol Bohrah, PRES (CAROLE L. BORAH) 4-27-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR