


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000064538 1. Entity Name S & K GOURMET INC.	
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Principal Place of Business 39010 SR 575 LACOOCHEE, FL 33537	Mailing Address 24813 MARY BETH CT LAND O'LAKES, FL 34639
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02112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1018768	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

KASSELYAS, SAMI J
24813 MARY BETH CT
LAND O'LAKES, FL 34639

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D KASSELYAS, SAMI J 24813 MARY BETH CT LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KASSELYAS, KATHERINE L 24813 MARY BETH CT LAND O' LAKES, FL 34639
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03/03/06-80038-025 150.00

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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:  **Sami J. Kaseklyas - President** 2/11/06 305-589-0162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #