2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P04000105824

Entity Name: ITALKITCHEN AND TILE GROUP, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
300 PLAZA DRIVE VESTAL, NY 13850	

Current Mailing Address:	**New Mailing Address:**
300 PLAZA DRIVE VESTAL, NY 13850	

FEI Number: 20-2333121   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US	

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.

SIGNATURE: _____

    Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	P ( ) Delete	Title:	( ) Change ( ) Addition
Name:	KOFFMAN, DAVID	Name:	
Address:	300 PLAZA DRIVE	Address:	
City-St-Zip:	VESTAL, NY 13850 US	City-St-Zip:	
Title:	VP ( ) Delete	Title:	( ) Change ( ) Addition
Name:	KOFFMAN, JEFFREY	Name:	
Address:	1775 BROADWAY	Address:	
City-St-Zip:	NEW YORK, NY 10019 US	City-St-Zip:	
Title:	CEO ( ) Delete	Title:	( ) Change ( ) Addition
Name:	KOFFMAN, BURTON	Name:	
Address:	300 PLAZA DRIVE	Address:	
City-St-Zip:	VESTAL, NY 13850 US	City-St-Zip:	
Title:	S ( ) Delete	Title:	( ) Change ( ) Addition
Name:	RITTBERG, HOWARD	Name:	
Address:	450 PLAZA DRIVE	Address:	
City-St-Zip:	VESTAL, NY 13850 US	City-St-Zip:	

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.

SIGNATURE: DAVID L KOFFMAN   P   04/21/2009

    Electronic Signature of Signing Officer or Director   Date