2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM **DOCUMENT # P04000142247 Secretary of State** 1. Entity Name KOO'S KITCHEN, INC. Mailing Address Principal Place of Business 2828 S. MCCALL ROAD 2828 S. MCCALL ROAD #47 #47 ENGLEWOOD, FL 34ZZ4 ENGLEWOOD, FL 34224 115 03032006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1826795 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIN. CHENG S DO NOT WRITE 2828 S. MCCALL ROAD #47 IN THIS SPACE ENGLEWOOD, FL 34224 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME LIN, CHENG S 2828 S. MCCALL ROAD, #47 STREET ADDRESS CITY-ST-7IP ENGLEWOOD, FL 34224 11000030465852 37777745-80053-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 -- changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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FILED

Daytime Phone #