2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015739

City-St-Zip:

Entity Name: NOW/WE'RE COOKIN' IN RRANDON INC

FILED May 03, 2007 Secretary of State

Littly Nai	ine. 14044 41	TERE COOKIN IN BRAINDO	IN, IINC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5117 COO VALRICO,	PERS HAWI FL 33594	COURT				
Current Mailing Address:			New Maili	New Mailing Address:		
5117 COO VALRICO,	PERS HAWI FL 33594	(COURT				
FEI Number:	: 20-2628578	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	ICHELLE S PERS HAWI FL 33594	(COURT US				
	named entity e of Florida.	submits this statement for th	e purpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electro	onic Signature of Registered	Agent -	Date		
		93(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	d not receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WHITT, MICH	RS HAWK CT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	WHITT, MICH	RS HAWK CT	Title: Name: Address: City-St-Zip:	VP, (X) Change () Addition WHITT, MICHELLE S 5117 COOPERS HAWK CT VALRICO, FL 33594		
Title: Name: Address: City-St-Zip:	S,D (LOTT, RICK 3200 POLO F PLANT CITY,		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	() Delete	Title: Name: Address:	T () Change (X) Addition WOLFE, STEVEN L 5705 TANAGERSIDE RD		

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.

Address: City-St-Zip:

LITHIA, FL 33547

SIGNATURE: STEVEN L WOLFE 05/03/2007 Τ