## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2006 8:00 am Secretary of State **DOCUMENT # P05000041222** 04-14-2006 90153 012 \*\*\*150.00 1. Entity Name PRISCILLA KITCHENS, INC. Principal Place of Business Mailing Address **UUUTEUUU** 2555 PORTER LAKE DRIVE 2555 PORTER LAKE DRIVE #108 SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 01083155 Not Applicable Country Zip Zip Country \$8.75.Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEINER, DONALD G Street Address (P.O. Box Number is Not Acceptable) 2555 PORTER LAKE DRIVE #108 SARASOTA, FL 34240 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition STEINER, DONALD G NAME NAME STREET ADDRESS 2555 PORTER LAKE DRIVE, #108 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STEINER, DONALD G NAME NAME STREET ADDRESS 2555 PORTER LAKE DRIVE, #108 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL. 34240. CITY-ST-ZIP TITLE ☐ Delete THIF ☐ Change ☐ Addition NAME STEINER, DONALD G NAME STREET ADDRESS 2555 PORTER LAKE DRIVE #108 STREET ADDRESS CiTY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STEINER, DONALS G NAME 2555 PORTER LAKE DRIVE #108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP □ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP

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 suppliemental report is frue 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 of 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 withjan address. With all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**