2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P05000082991

Entity Name: MY SISTER'S KITCHEN, INC.

Current Principal Place of Business:

10300 US HWY 441
5
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

6831 LAKE VIEW DRIVE
YALAHA, FL 34797

New Mailing Address:

FEI Number: 03-0563480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORKINGER, JENNIFER
6831 LAKE VIEW DRIVE
YALAHA, FL 34797 US

Name and Address of New Registered Agent:

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:

Title:	P/D	( ) Delete
Name:	WORKINGER, JENNIFER	
Address:	6831 LAKE VIEW DRIVE	
City-St-Zip:	YALAHA, FL 34797	
Title:	VP/D	( ) Delete
Name:	PIERMATTEO, JESSICA	
Address:	23458 CROOM ROAD	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	T/D	( ) Delete
Name:	CARTER, BRENDA	
Address:	8045 GIBSON TERRACE	
City-St-Zip:	LEESBURG, FL 34748	
Title:	S/D	( ) Delete
Name:	ESHBAUGH, AMANDA	
Address:	11072 LANE PARK DRIVE	
City-St-Zip:	TAVARES, FL 32778	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: JENNIFER G WORKINGER PRES 01/22/2009

Electronic Signature of Signing Officer or Director Date