
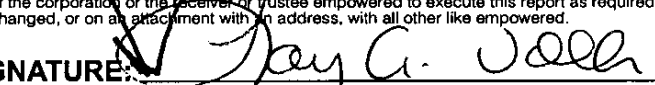


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90196 031 ***150.00

| | | | | |
|--|---------------------------|--|--|--|
| DOCUMENT # P05000083086 | | | |  |
| 1. Entity Name CABBAGES TO KINGDOMS, INC. | | | | |
| Principal Place of Business 325 ALBEMARLE DRIVE Rd. WEST PALM BEACH, FL 33405 US | | Mailing Address 325 ALBEMARLE DRIVE Rd. WEST PALM BEACH, FL 33405 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |
| 6. Name and Address of Current Registered Agent | | | | 4. FE Number 20-2996716 |
| VOLK, LORY 325 ALBEMARLE DRIVE WEST PALM BEACH, FL 33405 | | | | Applied For <input type="checkbox"/> Not Applicable |
| 7. Name and Address of New Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Name | | | | 01182006 Chg-P CR2E034 (11/05) |
| Street Address (P.O. Box Number is Not Acceptable) | | | | |
| City | | | | FL 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:  | | | DATE: 4-10-06 | |
| Signature, typed or printed name of registered agent and title if applicable. | | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE | P, T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOLK, LORY | | NAME | |
| STREET ADDRESS | 325 ALBEMARLE DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOLK, JOHN | | NAME | |
| STREET ADDRESS | 325 ALBEMARLE DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOLK, LORY | | NAME | |
| STREET ADDRESS | 325 ALBEMARLE DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | |
| TITLE | S, D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOLK, JOHN | | NAME | |
| STREET ADDRESS | 325 ALBERMARLE DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| 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 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 if changed, or on an attachment with an address, with all other like empowered. | | | | |
| SIGNATURE:  | | | DATE: 4-10-06 561-655-1190 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | |