2008 FOR PROFIT CORPORATION

SIGNATURE:

Apr 11, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000096447 04-11-2008 90035 037 ***150.00 L & T KITCHEN STUDIO INC. Principal Place of Business Mailing Address 8036 PHILLIPS HIGHWAY UNIT 11 8036 PHILLIPS HIGHWAY UNIT 11 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 20-5281446 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZHANG, WEI WEI Street Address (P.O. Box Number is Not Acceptable) 8036 PHILLIPS HIGHWAY UNIT 11 JACKSONVILLE, FL 32256 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE WEI WEI, ZHANG NAME NAME STREET ADDRESS 8036 PHILLIPS HWY UNIT 11 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-7IP THILE ☐ Delete 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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