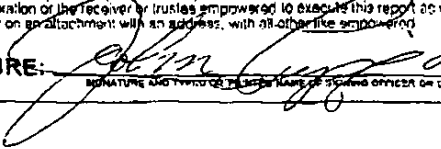


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 14, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90020 032 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                |                                                                                          |                                                                                   |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P06000106502</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                |                                                                                          |  |         |
| 1. Entity Name<br><b>YIANNI'S KUZINA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                |                                                                                          |                                                                                   |         |
| Principal Place of Business<br><b>1385 HIGHLAND AVENUE<br/>MELBOURNE, FL 32935</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                | Mailing Address<br><b>1385 HIGHLAND AVENUE<br/>MELBOURNE, FL 32935</b>                   |                                                                                   |         |
| 2. Principal Place of Business - No P.O. Box #<br>4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                | 3. Mailing Address                                                                       |                                                                                   |         |
| Suite, Apt., etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                | Suite, Apt., etc.                                                                        |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                | City & State                                                                             |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Country        | Zip                                                                                      |                                                                                   | Country |
| 4. FEI Number:<br><b>35-2275383</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                | Applying For<br>Not Applicable                                                           |                                                                                   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                                                   |         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                | 7. Name and Address of New Registered Agent                                              |                                                                                   |         |
| <b>PIPPA, JOHN</b><br><b>1385 HIGHLAND AVENUE</b><br><b>MELBOURNE, FL 32935</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                | Name                                                                                     |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                | 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                |                                                                                          |                                                                                   |         |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>Due by September 14, 2007</b> </div> <div>             9. Election Campaign Financing<br/>             Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br/>             Added to Fees           </div> <div>             In accordance with s. 607.193(2)(b), F.S., the<br/>             corporation did not receive the prior notice.           </div> </div>                                                                                                                                           |                                 |                |                                                                                          |                                                                                   |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                    |                                                                                   |         |
| 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    |                                                                                          |                                                                                   |         |
| 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: <b>7/2/07</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                |                                                                                          |                                                                                   |         |
| SIGNATURE AND TITLE OF PERSON AUTHORIZED TO SIGN OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                |                                                                                          |                                                                                   |         |