2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# P06000141144

Entity Name: OUR POTS & PANS INC.

Current Principal Place of Business:

2466 AMBASSADOR AVENUE
SPRING HILL, FL 34609 US

New Principal Place of Business:

13793 LINDEN DRIVE
SPRING HILL, FL 34609 US

Current Mailing Address:

2466 AMBASSADOR AVENUE
SPRING HILL, FL 34609 US

New Mailing Address:

2174 LEMA DR.
SPRING HILL, FL 34609 US

FEI Number: 20-5847673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PASKOWITZ, SHELLY L
2466 AMBASSADOR AVENUE
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

PASKOWITZ, SHELLY L
2174 LEMA DR.
SPRING HILL, FL 34609 US

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: 07/09/2007
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PASKOWITZ, SHELLY L
Address: 2466 AMBASSADOR AVENUE
City-St-Zip: SPRING HILL, FL 34609 US

Title: VP ( ) Delete
Name: PASKOWITZ, ABRAHAM
Address: 2466 AMBASSADOR AVENUE
City-St-Zip: SPRING HILL, FL 34609 US

Title: T ( ) Delete
Name: PASKOWITZ, MOSES
Address: 17922 COLLINS
City-St-Zip: ENCICO, CA 91316 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PASKOWITZ, SHELLY L
Address: 2174 LEMA DR.
City-St-Zip: SPRING HILL, FL 34609 US

Title: VP (X) Change ( ) Addition
Name: PASKOWITZ, ABRAHAM
Address: 2174 LEMA DR.
City-St-Zip: SPRING HILL, FL 34609 US

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: SHELLY PASKOWITZ P 07/09/2007
Electronic Signature of Signing Officer or Director — Date