

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068621

FILED
Jan 14, 2008
Secretary of State

Entity Name: MY BEST FRIEND'S KITCHEN, INC.

Current Principal Place of Business:

704 W. 8TH ST. CIR.
LYNN HAVEN, FL 32444

New Principal Place of Business:

1507 TENNESSEE AVENUE
LYNN HAVEN, FL 32444

Current Mailing Address:

704 W. 8TH ST. CIR.
LYNN HAVEN, FL 32444

New Mailing Address:

1507 TENNESSEE AVENUE
LYNN HAVEN, FL 32444

FEI Number: 26-0162703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RILEY, KATHERINE
704 W. 8TH ST. CIR.
LYNN HAVEN, FL 32444 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: PD () Delete
Name: RILEY, KATHERINE
Address: 704 W. 8TH ST. CIR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: GIVINS, SANDRA
Address: 704 W. 8TH ST. CIR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: V () Delete
Name: HAMM, JUDY
Address: 2501 COUNTRY CLUB RD.
City-St-Zip: LYNN HAVEN, FL 32444

Title: ST () Delete
Name: GUSKIE, PATTY G USKIE
Address: 512 CANDLEWICK DR.
City-St-Zip: PANAMA CITY, FL 32405

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: KATHERINE RILEY

PD

01/14/2008

Electronic Signature of Signing Officer or Director

Date