## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000061156

Address:

City-St-Zip:

FILED Apr 17, 2009 Secretary of State

Entity Nam	e: FLORIDA KIT	CHEN SOLUTIONS, INC.				
Current Pri	ncipal Place of E	Business:	New Prince	New Principal Place of Business:		
	'ENUE SOUTH 'ILLE, FL 32250	US		ILUSTER DR ERRY, FL 32707	US	
Current Ma	iling Address:		New Maili	New Mailing Address:		
	'ENUE SOUTH 'ILLE, FL 32250	US		ILUSTER DRIVE ERRY, FL 32707	US	
FEI Number: 2	26-2866876 FE	I Number Applied For()	FEI Number Not App	licable ( ) Ce	rtificate of Status Des	ired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	OEL D LUSTER DRIVE RRY, FL 32707	US				
The above r in the State		nits this statement for the p	ourpose of changing i	ts registered office	e or registered ager	nt, or both,
SIGNATUR	E:					
	Electronic Si	ignature of Registered Ag	ent		Date	
Election Cam	paign Financing Tru	st Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Address:	P ( ) Dele TRUSTY, NOEL D 875 8TH AVENUE SO JACKSONVILLE BEA	DUTH	Title: Name: Address: City-St-Zip:	P (X) Cha TRUSTY, NOEL D 958 MOONLUSTER CASSELBERRY, FL		
Title: Name <sup>.</sup>	( ) Dele	te	Title: Name	D () Cha	ange (X) Addition	

Address:

City-St-Zip:

958 MOONLUSTER DRIVE

CASSELBERRY, FL 32707 US

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: NOEL D. TRUSTY P 04/17/2009