2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 14, 2004 08:00 AM Secretary of State DOCUMENT # P95000024196 PROFESSIONAL KITCHENS, INC. Principal Place of Business Mailing Address 2917 W. S.R. 434 SUITE 101 2917 W. S.R. 434 SUITE 101 LONGWOOD, FL 32779 LONGWOOD, FL 32779 04012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3299637 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STEIL, JERRY R DO NOT WRITE 2917 W. S.R. 434 **SUITE 101** IN THIS SPACE LONGWOOD, FL 32779 3. 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, 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 U00000112918 04/14/04-80042-001 155.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE STEIL, JERRY R NAME STREET ADDRESS 2917 W. S.R. 434 SUITE 101 CITY-ST-ZIP LONGWOOD, FL 32779 TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 logal effect as if made under oath; that I am an officer or director of the corporation of the receiver or dustee 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 attadyment within an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP