


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P95000025668</b> 1. Entity Name KITCHEN CREATIONS OF FLORIDA, INC.	
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Principal Place of Business 12605 TIMBER PINE TR WELLINGTON, FL 33414 US	Mailing Address 12605 TIMBER PINE TR WELLINGTON, FL 33414 US
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0574132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CHIRICHELLO, RUTH M  
12605 TIMBER PINE TR  
WELLINGTON, FL 33414

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRA CHIRICHELLO, RUTH M 12605 TIMBER PINE TR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIRICHELLO, VINCENT 12605 TIMBER PINE TR WELLINGTON, FL 33414
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02/28/07-80057-007 150.00

**DO NOT WRITE IN THIS SPACE**

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:** Ruth M. Chirichello 1/24/07 561-791-3230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #