


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000086309</b> 1. Entity Name CULINARY FUSION, INC.		
Principal Place of Business 842 SW 9TH STREET FT. LAUDERDALE, FL 33315 US		Mailing Address 842 SW 9TH STREET FT. LAUDERDALE, FL 33315 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  EHART, NICOLE F 800 N.E. 14TH AVE. FORT LAUDERDALE, FL 33304		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  000000519930 05/02/06-80073-015 150.00
TITLE	D	
NAME	GRANT, BEVERLY	
STREET ADDRESS	842 SW 9TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Beverly Grant</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/17/06</u> Daytime Phone # _____