

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 31, 2008  
Secretary of State**

DOCUMENT# P99000031293

Entity Name: NEW KITCHEN CONCEPTS UNLIMITED, INC.

**Current Principal Place of Business:**

1699 STATE AVENUE  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1699 STATE AVENUE  
HOLLY HILL, FL 32117

**New Mailing Address:**

FEI Number: 59-3570986      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAPIERE, MARGE  
1699 STATE AVE  
HOLLY HILL, FL 32117      US

**Name and Address of New Registered Agent:**

LAPIERE, STACEY  
1699 STATE AVE  
HOLLY HILL, FL 32117      US

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: STACEY LAPIERE      07/31/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: VSD      ( ) Delete  
Name: VAN MAI, TINH  
Address: 1699 STATE AVENUE  
City-St-Zip: HOLLY HILL, FL 32117

Title: PTD      ( ) Delete  
Name: LAPIERE, MARK  
Address: 1699 STATE AVENUE  
City-St-Zip: HOLLY HILL, FL 32117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: LAPIERE, MARK  
Address: 1699 STATE AVENUE  
City-St-Zip: HOLLY HILL, FL 32117

Title: VP      (X) Change ( ) Addition  
Name: LAPIERE, STACEY  
Address: 1699 STATE AVENUE  
City-St-Zip: HOLLY HILL, FL 32117

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: STACEY LAPIERE      VP      07/31/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date