## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 25, 2006 8:00 am Secretary of State DOCUMENT # P99000052690 05-25-2006 90013 035 \*\*\*150.00 1. Entity Name THE KAICHEN COMPANY, INC. **400-**-Principal Place of Business Mailing Address 1801 EAST LAKE ROAD, #18-G 1801 EAST LAKE ROAD, #18-G PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 05152006 Chg-P Applied For City & State City & State 4. FEI Number 59-3586378 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAICHEN, KARIN A 1801 EAST LAKE ROAD, #18-G Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR, FL 34685 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PSD noitibhA 🔲 TITI F ☐ Change TITLE Delete KAICHEN, KARIN A NAME NAME STREET ADDRESS 1801 EAST LAKE ROAD, #18-G STREET ADDRESS PALM HARBOR, FL 34685 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required or changed, or on an attachment with an address with all other like empowered. hs contained in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7. Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE: Daytime Phone #

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