
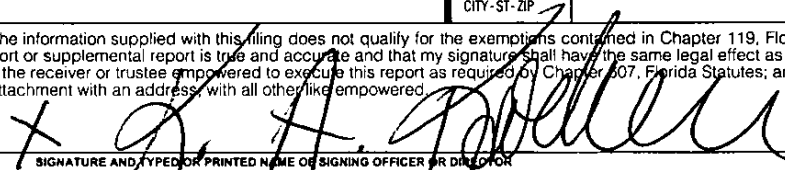


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90013 035 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P99000052690 1. Entity Name THE KAICHEN COMPANY, INC. | | | |  | |
| Principal Place of Business 1801 EAST LAKE ROAD, #18-G PALM HARBOR, FL 34685 | | | Mailing Address 1801 EAST LAKE ROAD, #18-G PALM HARBOR, FL 34685 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 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 PALM HARBOR, FL 34685 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL 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 _____ | | | | | |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD KAICHEN, KARIN A 1801 EAST LAKE ROAD, #18-G PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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:  | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date _____ Daytime Phone # _____</small> | | | | | |



05152006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3586378

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

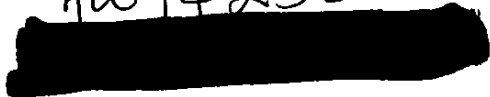
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Copy of 05 report

06 due

ATTACHMENT *in April*

180-4258



DOCUMENT # P99000052690
 1. Entity Name
THE KAICHEN COMPANY, INC.



Principal Place of Business
 1801 EAST LAKE ROAD, #18-G
 PALM HARBOR, FL 34685

Mailing Address
 1801 EAST LAKE ROAD, #18-G
 PALM HARBOR, FL 34685

01102005 No Cng-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3586378

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KAICHEN, KARIN A
 1801 EAST LAKE ROAD, #18-G
 PALM HARBOR, FL 34685

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 retaining) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$100.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$8.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P8D KAICHEN, KARIN A 1801 EAST LAKE ROAD, #18-G PALM HARBOR, FL 34685 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE 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)(f), 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 807, 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 five empowered.

SIGNATURE: *K. A. Kaichen*
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR

April 20, 2005 127.789-514