2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR DOCUMENT # P99000063816 04-28-2003 91300 046 ***150.00 KIT'N KABOODLE, INC. · 1117 or one of the Principal Place of Business Mailing Address 4834 DAVIS BLVD. 4834 DAVIS BLVD. NAPLES, FL 34104 NAPLES, FL. 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0941496 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOYLE, DAVID 4834 DAVIS BLVD. Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34104 αM Zio Code a. 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. (NOTE: Registered Agent signature required when stirstaling) ELE NOWN FEE IS \$160 00 After May 1, 2003 Fee Will be \$660 00 Rech Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. TILLE Delete TALE ☐ Change Addition CRZE034 (10/02) MILE. BOYLE, DAVID_ NAME 4834 DAVIS BLVD. STREET ADDRESS STREET ADDRESS NAPLES, FL 34104 CRY-ST-7IP CITY-51-7P ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS : .. CRY-ST-7IP City.st.70 TITLE TOLE Change ☐ Addition Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP City-st-2iP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-57-21P TITLE ☐ Delete Change Addition MAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-2P COV-ST-2IP Delete TOLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3(i), 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.

SIGNA FURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR	Date	Cayting Phone #	
SIGNATURE: A David Boyle DAVID BOYLE	X 4-23.03		