

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90030 007 ***550.00



DOCUMENT # F07000002402					
1. Entity Name KAHIKI FOODS, INC.					
Principal Place of Business 1100 MORRISON RD. GAHANNA, OH 43230		Mailing Address 1100 MORRISON RD. GAHANNA, OH 43230		40	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		07082008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 31-1056793	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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	CS	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSAO, ALICE W.		NAME	JOHN BITZER III	
STREET ADDRESS	1100 MORRISON RD.		STREET ADDRESS	1100 MORRISON RD	
CITY-ST-ZIP	GAHANNA, OH 43230		CITY-ST-ZIP	GAHANNA OH 43230	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIX, JOHN		NAME	CHARLES HANLON	
STREET ADDRESS	1100 MORRISON RD.		STREET ADDRESS	1100 MORRISON RD	
CITY-ST-ZIP	GAHANNA, OH 43230		CITY-ST-ZIP	GAHANNA OH 43230	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRAGUE, BRADFORD M.		NAME	FRANCIS DAILY	
STREET ADDRESS	1100 MORRISON RD.		STREET ADDRESS	1100 MORRISON RD	
CITY-ST-ZIP	GAHANNA, OH 43230		CITY-ST-ZIP	GAHANNA OH 43230	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIX, CHARLES		NAME	TIM TSAO	
STREET ADDRESS	1100 MORRISON RD.		STREET ADDRESS	1100 MORRISON RD	
CITY-ST-ZIP	GAHANNA, OH 43230		CITY-ST-ZIP	GAHANNA OH 43230	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, ALAN L.		NAME		
STREET ADDRESS	1100 MORRISON RD.		STREET ADDRESS		
CITY-ST-ZIP	GAHANNA, OH 43230		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEBAUER, FRED		NAME	NIEBAUER, FRED	
STREET ADDRESS	1100 MORRISON RD.		STREET ADDRESS	1100 MORRISON RD	
CITY-ST-ZIP	GAHANNA, OH 43230		CITY-ST-ZIP	GAHANNA OH 43230	
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: <i>Fred Niebauer</i>		FRED NIEBAUER, VP-FIN		07-09-08 614.322.3189	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	