


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 820518</b> 1. Entity Name ORANGE JULIUS OF AMERICA	
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Principal Place of Business 7505 METRO BLVD MINNEAPOLIS, MN 55439 US	Mailing Address P O BOX 39286 MINNEAPOLIS, MN 55439 US
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04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 95-2241725	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

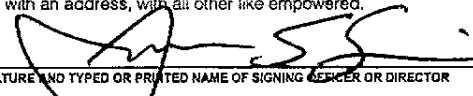
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

DATE: 05/15/06-80087-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOOTY, JOHN W. 7505 METRO BLVD MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOOTY, CHARLES 7505 METRO BLVD MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZUCCO, WILLIAM 7505 METRO BLVD MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATSON, EDWARD A. 7505 METRO BLVD MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC SIMPSON, JAMES 7505 METRO BLVD MINNEAPOLIS, MN 55439
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 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_