


2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/1

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

08-14-2006 90040 042 ***150.00

DOCUMENT # P05000156369
 1. Entity Name
 13 CAFE & LOUNGE, INC.



Principal Place of Business
 2650 MCCORMICK DR., STE. 130
 CLEARWATER, FL 33759

Mailing Address
 2650 MCCORMICK DR., STE. 130
 CLEARWATER, FL 33759

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



08082006 Chg-P CR2E034 (11/05)

4. FEI Number
 20-3856103

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SHEAR, ROBERT L. ESQ.
 2650 MCCORMICK DR., STE. 130
 CLEARWATER, FL 33759

7. Name and Address of New Registered Agent
 Name: HARRY H. RABB, CPA
 Street Address (P.O. Box Number is Not Acceptable):
 935 MAIN ST, STE D-1
 City: SAFETY HARBOR FL Zip Code: 34695

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)
 DATE: 8/8/06

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SCAGNELLI, PAUL		
STREET ADDRESS	2650 MCCORMICK DR., STE. 130	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33759	CITY-ST-ZIP	
SD	SHEAR, ROBERT L.		
STREET ADDRESS	2650 MCCORMICK DR., STE. 130	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33759	CITY-ST-ZIP	

12. I hereby certify that the information supplied with my 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 reports 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 filers empowered.

SIGNATURE: *[Signature]* PAUL SCAGNELLI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 8/8/06
 DAYTIME PHONE #: 727-725-4121