

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90004 047 \*\*\*550.00

<b>DOCUMENT # 437157</b> 1. Entity Name <b>SUNSHINE PARKWAY RESTAURANTS, INC.</b>					
Principal Place of Business <b>6600 ROCKLEDGE DR. DEPT. 72-928.81 BETHESDA, MD 20817 US</b>			Mailing Address <b>6600 ROCKLEDGE DR. DEPT. 72-928.81 BETHESDA, MD 20817 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>34-1131787</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCARTHY, JOHN J</b> <input checked="" type="checkbox"/> Delete <b>6600 ROCKLEDGE DR MS 3-1</b> <b>BETHESDA, MD 20817</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>Elie W. Maalouf</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6600 Rockledge Drive</b> <b>Bethesda, MD 20817</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>BROWN, BERNARD</b> <b>6600 ROCKLEDGE DR MS 3-1</b> <b>BETHESDA, MD 20817</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>POWERS, CHARLES E</b> <b>6600 ROCKLEDGE DR MS 3-1</b> <b>BETHESDA, MD 20817</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>RATYCH, MARK T</b> <b>6600 ROCKLEDGE DRIVE</b> <b>BETHESDA, MD 20817</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>BABIN, LAURA A</b> <b>6600 ROCKLEDGE DRIVE DEPT 72/928.81</b> <b>BETHESDA, MD 20817</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <input type="checkbox"/> Delete <b>SANDERS, SADYE C</b> <b>6600 ROCKLEDGE DRIVE</b> <b>BETHESDA, MD 20817</b>		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: <i>Sadye C. Sanders</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>Sadye C. Sanders</b> <b>Assistant Secretary</b> Date: <b>8/8/06</b> (240) 694-4433		