2005 FOR PROFIT CORPORATION

Mar 24, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # G53069 03-24-2005 90040 010 ***150.00 1. Entity Name DUVÁL SUBWAY, INC. Principal Place of Business Mailino Address 40030491 469 ATLANTIC BLVD. 1030 UNIVERSITY BLVD. NO. ATLANTIC BCH., FL 32233 JACKSONVILLE, FL 32211 CR2E034 (10/03) 01112005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2312813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRANCO, PHILIP H. DO NOT WRITE 1030 UNIVERSITY BLVD. NO. JACKSONVILLE, FL 32211: 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.3 SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFF ERS AND DIRECTORS 10. TITLE FRANÇO, PHILIP H. NAME STREET ADDRESS 1030 UNIVERSITY BLVD. N. CITY-ST-ZIP JACKSONVILLE, FL 32211 TITLE ADAMS, WALTER E NAME STREET ADDRESS 2522 FARRIER LANE CITY-ST-ZIP RESTON, VA 22091 TITLE ST NAME FRANCO, FRED C 6939 RIVERSEDGE ST CIRCLE STREET ADDRESS DO NOT WRITE CITY:ST-ZIP" BRADENTON, FL 34202 ~ IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 1 3 2005

FILED