2006 FOR PROFIT CORPORATION ANNUAL REPORT

CETY-ST-ZIP

SIGNATURE:

12. I heroby certify that the information supplied windicated on this report or supplemental recor

Mar 24, 2006 08:00 AM **Secretary of State DOCUMENT # J65479** CHARLIE'S TANGLEWOOD MEAT MARKET, INC. Principal Place of Business Mailing Address 8757 ESTATE DRIVE 8757 ESTATE DRIVE WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33413 03092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2790992 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent COUCH, CHARLES L. DO NOT WRITE 8757 ESTATE DRIVE WEST PALM BEACH, FL 33411 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) - DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 U00000479864 Trust Fund Contribution, Added to Fees 04/10/06-80021-019 150.00 10. OFFICERS AND DIRECTORS TITLE COUCH, CHARLES L. MAME STREET ADDRESS 8757 ESTATE DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33411 COUCH, AUDREY N. NAME STREET ADDRESS 8757 ESTATE DRIVE CITY-ST-ZP WEST PALM BEACH, FL 33411 MAME STREET ADDRESS DO NOT WRITE CITY-ST-71P IN THIS SPACE NAME STREET ADDRESS C(TY-ST-Z(P STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

I heroby certify that the information supplied in the filter 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 a total 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES L COUCH 3/9/06

651-791-4484

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FILED