2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2007 08:00 A Secretary of State **DOCUMENT # M63036** COLONEL JIM'S COMPANY Principal Place of Business Mailing Address 20305 OLD CUTLER ROAD PO BOX 562076 MIAMI, FL 33189 MIAMI, FL 33156 CR2E034 (11/05) 01252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURGIN, JAMES B.,JR DO NOT WRITE 13027 SW 87TH AVE MIAMI, FL 33176 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) UUUUUU639886 9. Election Campaign Financing \$5.00 May Be 02/28/07-80044-021 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BURGIN, JAMES B., JR NAME STREET ADDRESS 13027 SW 87TH AVE CITY-ST-ZIP MIAMI, FL 33176 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

Davlime Phone #

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP