2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 01, 2006 08:00 Al Secretary of State DOCUMENT # M77878 1. Entity Name THE DELI DOG, INC. Principal Place of Business Mailing Address 290 SOUTH HWY, 79 290 SOUTH HWY. 79 PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-2883475 Not Applicable Country Zip Country Ζip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUTCHINSON, EDWARD A., JR. Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVENUE PANAMA CITY FL 32401 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when romstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE ☐ Delete TITLE U00000543789 05/11/06-80009-021 150.00 MAME LIMING, DEBORAH KAY STREET ADDRESS STREET ADDRESS 290 S. HWY. 79 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BCH. FL ☐ Change 🔲 Aยีย์ก็เล TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Additio Change ☐ Delete TITLE TITLE NAME NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addilio ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additi-TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Add: " THLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

DEBORAH K LiminG

blorahk Jumang DEBORAH KI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 850 233-1932