FILED 2007 FOR PROFIT CORPORATION ANNUAL REPORT Apr 27, 2007 08:00 A Secretary of State **DOCUMENT # M89348** 1. Entity Name TOWN 'N COUNTRY SUBWAY, INC. Principal Place of Business Mailing Address 8019 W HILLSBOROUGH 212 E CASS STREET US TAMPA, FL 33634 TAMPA, FL 33602 CR2E034 (11/05) 01152007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2894960 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KHAN, MASOOD K DO NOT WRITE 212 E CASS STREET **TAMPA, FL 33602** 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 it applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

10.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE KHAN, MASOOD K. NAME STREET ADDRESS 212 E CASS STREET CITY-ST-ZIP **TAMPA, FL 33602** TITLE KHAN, NANCY C. NAME 212 E CASS STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 NAME STREET ADDRESS CITY ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

OFFICERS AND DIRECTORS

U00000737452 05/11/07-80028-016 150.0D

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR