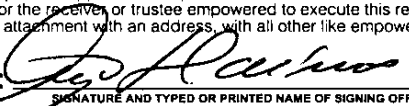


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

06-01-2006 90002 005 \*\*\*150.00

<b>DOCUMENT # P00000002921</b> 1. Entity Name <b>MY DELI, INC.</b>					
Principal Place of Business <b>5386 TENTH AVENUE NORTH LAKE WORTH, FL 33463</b>			Mailing Address <b>624 VALLEY FORGE RD WEST PALM BEACH, FL 33405</b>		
2. Principal Place of Business <b>624 VALLEY FORGE RD</b>		3. Mailing Address <b>624 VALLEY FORGE RD</b>		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">50020196</div> 	
Suite, Apt. #, etc. <b>WEST PALM BEACH</b>		Suite, Apt. #, etc. 			
City & State <b>FL, ?</b>		City & State 			
Zip <b>33405</b>		Country <b>PALM BEACH</b>		05192006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>65-0989352</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent <b>MAANINKA-HAINES, EIJA 624 VALLEY FORGE ROAD WEST PALM BEACH, FL 33405</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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:  DATE: <b>5/26/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAANINKA-HAINES, EIJA 5386 TENTH AVENUE NORTH LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			E I J A H A I N E S 5/26/06 561 585-3673		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		