2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2007 8:00 am Secretary of State DOCUMENT # P00000007379 1. Entity Name 04-20-2007 90082 004 ***150.00 CHICKEN & SUBS DELIGHT, INC. Principal Place of Business Mailing Address 3591 TAMIAMI TRAIL 25100 SANDHILL BOULEVARD PORT CHARLOTTE, FL 33952 SUITE V104 PUNTA GORDA, FL 33983 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0759817 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUBBANEH, WAEL Street Address (P.O. Box Number is Not Acceptable) 25100 SANDHILL BOULEVARD SUITE V104 PUNTA GORDA, FL 33983 City 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, 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 IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition DUBBANEH, WAEL NAME NAME STREET ADDRESS 25100 SANDHILL BOULEVARD SUITE V104 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 CITY-S) 7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-SI-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER

Wad Dubbane 4-17-07
DIRECTOR Date Daypring Phone #

FILED