2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P00000036455 KINGS BEVERAGE USA, INC. Principal Place of Business Mailing Address 23003 S STATE ROAD 7 23003 S STATE ROAD 7 BOCA RATON, FL 33428 BOCA RATON, FL 33428 No Chg-P CR2E034 (11/05) 03292006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied F 65-0997948 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIKIRTYCHEV, ARTHUR DO NOT WRITE 1629 RIVERVIEW RD # 520 DEERFIELD BEACH, FL 33441 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MIKIRTYCHEV, ARTHUR NAME STREET ADDRESS 1629 RIVERVIEW RD # 520 CITY-ST-ZIP DEERFIELD BEACH, FL 33441 U00000540774 05/10/06-80032-006 150.00 ប្រព F MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 directly 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 1 changed, or on an attachment with an address, with all other like empowered.

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