2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # P00000044484 03-01-2006 90023 029 ***150.00 POPS CORN, INC. Principal Place of Business Mailing Address 1737 MAIN ST **1737 MAIN ST** WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address Blud 11401 Piner Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) STE 718 STE 7/8 City & State Applied For City & State 4. FEI Number Pembroke Pincar, FL 65-1044105 Pembroke Piner, FL Not Applicable United States Zip 77026 \$8.75 Additional 2 202G United States 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POPKIN & SHURPIN, P.A. Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES ROAD SUITE 114 **BOCA RATON FL 33431** 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 Signature, typed or pretted name of registered agent and title if applicable 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME FELDMAN, LEE NAME STREET ADDRESS 3280 PADDOCK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 ☐ Delete TITLE ☐ Change ☐ Addition NAME FELDMAN, LESLIE J NAME STREET ADDRESS STREET ADDRESS 3280 PADDOCK ROAD CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 Delete TITLE Change ☐ Addition TITLE NAME NAME FELDMAN, JOYCE STREET ADDRESS STREET ADDRESS 3280 PADDOCK ROAD CITY-ST-ZIP WESTON FL 33331 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition FELDMAN, LONNIE NAME STREET ADDRESS 3280 PADDOCK ROAD STREET ADDRESS WESTON FL 33331 City-St-Zip CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED