


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90002 026 ***150.00

DOCUMENT # P00000104092 1. Entity Name SMOOTHIE EXPRESS, INC.					
Principal Place of Business 11601 4TH STREET N., #3701 ST. PETERSBURG FL 33716			Mailing Address 11601 4TH STREET N., #3701 ST. PETERSBURG FL 33716		
2. Principal Place of Business <i>Lycene Square Mall</i> Suite, Apt. #, etc. <i>6768</i>			3. Mailing Address <i>6901 22nd Ave</i> Suite, Apt. #, etc. <i>"</i>		
City & State <i>St Pete FL</i>		City & State <i>"</i>		4. FEI Number 59-3680228	
Zip <i>33710</i>		Country <i>U.S.</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLGEMUTH, JASON 11601 4TH STREET N., #3701 ST. PETERSBURG FL 33716				7. Name and Address of New Registered Agent Name <i>"</i> Street Address (P.O. Box Number is Not Acceptable) <i>"</i> City <i>"</i> FL 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 <i>[Signature]</i> DATE <i>4-15-06</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WOLGEMUTH, JASON 11601 4TH STREET N., #3701 ST. PETERSBURG FL 33716		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					