2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043760

Entity Name: BUBBALOU'S NO. 2, INC.

FILED Mar 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1302 ORANGE AVENUE 1471 LEE ROAD

WINTER PARK, FL 327894912 WINTER PARK, FL 32892

Current Mailing Address: New Mailing Address:

1302 ORANGE AVENUE C/O PAULA BOWERS WINTER PARK, FL 327894912 1471 LEE ROAD

WINTER PARK, FL 32892

FEI Number: 59-3715214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

THOMAS, THOMAS A. NEUKAMM, MICHAEL E 301 EAST PINE STREET 1302 ORANGE AVENUE WINTER PARK, FL 327894912 US SUITE 1400

ORLANDO, FL 32801 US

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.

SIGNATURE: MICHAEL E. NEUKAMM 03/29/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BOWERS, PAULA S BOWERS, PAULA Name: Name: 219 RIPPLING LANE 219 RIPPLING LANE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

(X) Delete Title: Title: () Change () Addition

Name: MEINER, SAM Name: 2443 LOT A FUN AVE Address: Address: WINTER PARK, FL 32789 City-St-Zip: City-St-Zip:

() Delete Title: Title: DP (X) Change () Addition WESTON, ALFRED S WESTON, ALFRED S Name: Name:

1171 AUDOBON WAY 1171 AUDORON WAY Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751

Title: () Delete Title: DV (X) Change () Addition

WHEELER, CLARENCE WHEELER, CLARENCE Name: Name: Address: 5720 PADGETT CIR Address: 5720 PADGETT CIRCLE City-St-Zip: City-St-Zip: ORLANDO, FL 328394809 ORLANDO, FL 32839

Title: (X) Delete Title: () Change () Addition

MEINER, CHARLES E Name: Name: 203 NORTH LUCERNE CIRCLE, EAST Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA BOWERS DST 03/29/2006

Electronic Signature of Signing Officer or Director

Date