2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AN Secretary of State

| | ANNOAL II | | | 11pi 20, 2000 00.00 | |
|--|--|---------------------------------|-------------------------------|--|--|
| DOCUMENT # P01000056509 1. Entity Name | | | | Secretary of Stat | |
| B & G BAK | ERY CAFE INC. | | | | |
| Principal Place of | | ailing Address | | | |
| 13300 SW 16T DAVIE, FL | | 3300 SW 16TH CT. Davie, Fl | | | |
| | | | | | |
| | | | | | |
| D | O NOT WOITE II | U THIC CDA | CE | 03142006 No Chg-P CR2E034 (11/05) | |
| DO NOT WRITE IN THIS SPACE | | | IOL . | 4. FEI Number Applied Fc 65-1115362 Not Applie | |
| | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| | 6. Name and Address of Current Regis | tered Agent | | <u> </u> | |
| YOUNG, WILLIAM L | | | | DO NOT WRITE | |
| 13300 SW 16TH CT. DAVIE, FL | | | | | |
| | | | | IN THIS SPACE | |
| | | | | <u></u> | |
| | amed entity submits this statement for the part of registered agent. | ourpose of changing its registe | ered office or register | red agent, or both, in the State of Florida. I am familiar with, and acc | |
| SIGNATURE | | <u> </u> | | | |
| Sig | gnature. Typed or printed name of registered agent and title | if applicable. (NOTE, Registr | ered Agent signature required | d when reinstaling) DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution | | | 0.00 May Be ded to Fees | | |
| 10. | OFFICERS AND DIRE | TORS | | | |
| | D YOUNG, WILLIAM L | | I | | |
| | 13300 SW 16TH CT. | | | | |
| 1 | DAVIE, FL | | l l | | |
| 11111111 | DP | | | U00000541050 | |
| | YOUNG, VIRGINIA E 13300 SW 16 CT | | 1 | 05/10/06-80042-019 150.00 | |
| i 1 | FORT LAUDERDALE, FL 33325 | | | | |
| | | | | | |
| TITLE | | | 1 | | |
| TITLE NAME STREET ADDRESS | | | 1 | | |

STREET ADDRESS
GITY-ST-ZIP
TITLE

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 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:

THE NAME STREET ADDRESS CHY-ST-ZIP

NAME

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATINE AND TYPED OF PRINTED THE OF SIGNING OFFICER OR DIRECTOR

4-26-06

IN THIS SPACE

954-472-9634