

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000057672 1. Entity Name THE TABOULE FACTORY, INC.						05 DEC -7 PM 12: 27 STATE OF FLORIDA TALLAHASSEE, FLORIDA	
Principal Place of Business 830 S CR 427 STE 202 LONGWOOD, FL 32750				Mailing Address 830 S CR 427 STE 202 LONGWOOD, FL 32750			
2. Principal Place of Business 830 S Ronald Reagan Blvd		3. Mailing Address 830 S. Ronald Reagan Blvd					
Suite, Apt. #, etc. Suite 262		Suite, Apt. #, etc. Suite 262					
City & State Longwood, FL		City & State Longwood, FL					
Zip 32750		Country SEMI. no 12		Zip 32750		Country SEMI. no 12	
4. FEI Number 52-2324365				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent NEJAME, ALAN 830 S CR 427 STE 202 ALTAMONTE SPRINGS, FL 32714			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Longwood City FL Zip Code 32750				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 <u><i>Chris Ne</i></u> DATE <u>10-20-05</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP NEJAME, ALAN 103 CROWN OAKS WAY LONGWOOD, FL 32778			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, CHRISTOPHER R 1025 WILDMERE COVE LONGWOOD, FL 32750			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMETREE, MICHELE 223 SPRINGSIDE DRIVE LONGWOOD, FL 32750			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Chris Ne</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				10-20-05 Date Daytime Phone #			

THE TABOULE FACTORY

SALADS SANDWICHES PIZZA SMOOTHIES

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Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

RE; THE TABOULE FACTORY
P01000057672 2005

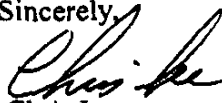
We filed our Corporate Report and issued a check #2057 on
January 27, 2005.

The report was sent back on October 20, 2005 for signature and a new
Check #2120 was reissued.

We did not receive any other notification prior to October there was
A problem, therefore we respectfully request any further payment fees
Be waived.

Thank you for your assistance.

Sincerely,



Chris Lee
Vice President