.2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P01000063419 1. Entity Name JJAL BAGELS, INC. Mailing Address Principal Place of Business 3310 DEL PRADO BLVD. 3310 DEL PRADO BLVD. CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 02082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1118873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIAMBALVO, JOSEPH DO NOT WRITE 121 SE 32ND STREET CAPE CORAL, FL 33904 IN THIS SPACE 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 eccept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 11000000546923 9. Election Campaign Financing \$5.00 May Ba FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00, 05/12/06-80003-019 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MAME GIAMBALVO, JOSEPH STREET ADDRESS 121 SE 32ND STREET CITY-ST-ZIP CAPE CORAL, FL 33904 TYPLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7117 F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME

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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED