2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Sep 13, 2006 8:00 am Secretary of State **DOCUMENT # P01000105712** 1. Entity Name 09-13-2006 90002 050 ***550.00 KING'S CAFE, INC. Principal Place of Business Mailing Address 306 S.E. 1ST AVENUE 306 S.E. 1ST AVENUE **66885009 BOYNTON BEACH, FL 33435** BOYNTON BEACH, FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08082006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1149621 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIMP. KERN, KEITH D ESQ. Street Address (P.O. Box Number is Not Acceptable) 50 S.E. 4TH AVENUE DELRAY BEACH, FL 33483 East Palmetto 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD Robert F. Fratz IIItrchange TITLE Delete TITLE KATZ, ROBERT NAME NAME STREET ADDRESS 306 S.E. 1ST AVENUE STREET ADDRESS G.16ert, AZ 85234 CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP S Delete TITLE ■ Addition HALE, ELIZABETH NAME STREET ADDRESS 306 S.E. 1ST AVENUE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT1 F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

09-11-2006

Daytime Phone #