2005 FOR PROFIT GORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 14, 2005 08:00 AM Secretary of State

| DOCUMENT # P01000106746 1. Entity Name THREE O'S PLUS FOOD MART INC | | | Secretary of State | | | |
|---|---|--|-----------------------------------|--------------------------|---|---|
| Principal Place 1801 AVE D FT PIERCE, F | | Mailing Address 1801 AVE D FT PIERCE, FL 34947 | | | J 6000 JAN 2011 2011 | OL HINTO MORNE MINI PRODU TRANS KUNIKA IN KAN |
| E | OO NOT WRITE | CE | 02102005 4. FEI Numb 63-115 | No Chg-P | CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required | |
| | | DO NOT WRITE 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. | | | | .00 May Be ed to Fees | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIR D ISEID, SAMI 2134 SE SHIPPING RD PORT ST LUCIE, FL 34952 | ECTORS | | <u>-</u> | U00000 | 228079 30027-805 150.00 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 at other like empowered. | | | | | | |

2-11-65 Date