2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000008025

I. Entity Name



BBQK, INC.

Principal Place of Business

2605 SW 33RD STREET

BLDG 200 OCALA, FL 34474 Mailing Address

2605 SW 33RD STREET

BLDG 200

OCALA, FL 34474

FILED Apr 26, 2007 08:00 A Secretary of State



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3087115

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUGLINO, SANDRA KAYE P.O. BOX 2495 OCALA, FL 34478

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND DIRECTORS					
TITLE	P					
NAME	BUGLINO, S. KAYE					
STREET ADDRESS	P.O. BOX 2495					
CITY-ST-ZIP	OCALA, FL 34478					

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DO NOT WRITE IN THIS SPACE

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:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
C/TY-ST-ZIP
TITLE
NAME
STREET ADDRESS
C/TY-ST-ZIP
TITLE

hi KayeK. Buglino

4/25/0

352-620-2514

Daytime Phone #