
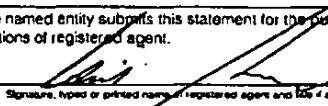
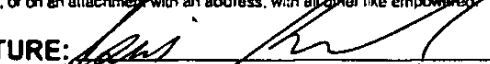


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90016 025 \*\*\*550.00

<b>DOCUMENT # P02000037503</b>			
1. Entity Name <b>PANAMA CITY MARKET, INC.</b>			
Principal Place of Business <b>56 NORTHWEST SECOND STREET DEERFIELD BEACH, FL 33441</b>		Mailing Address <b>56 NORTHWEST SECOND STREET DEERFIELD BEACH, FL 33441</b>	
2. Principal Place of Business <b>2007 E. 11th St</b>		3. Mailing Address <b>2007 E. 11th St</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Panama City FL 32401</b>		City & State <b>Panama City FL 32401</b>	
Zip		Country	
Zip		Country	
4. FEI Number <b>41-2037285</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DAVID, JOHN T ESQ. 408 SOUTH ANDREWS AVENUE SUITE 202 FORT LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name <b>Louis Awadallah</b> Street Address (P.O. Box Number is Not Acceptable) <b>2007 E 11th St</b> City <b>Panama City</b> FL Zip Code <b>32401</b>	
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 		DATE <b>Jul-11-06</b>	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D AWADALLAH, DONIA A 56 NORTHWEST SECOND STREET DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowering.			
SIGNATURE: 		DATE <b>Jul-28-06</b> (850) 785-7637	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66044410



07062006 Chg-P CR2E034 (11/05)