


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90149 011 ***150.00

DOCUMENT # P02000045298	
1. Entity Name SOUTHWEST BAR-B-Q INC.	

Principal Place of Business 255 SOUTH ORANGE AVE. SUITE 1700 ORLANDO, FL 32801	Mailing Address P.O. BOX 231 ORLANDO, FL 32802-0231
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2. Principal Place of Business 420 South Orange Avenue	3. Mailing Address Post Office Box 231
Suite, Apt. #, etc. Suite 1200	Suite, Apt. #, etc.

City & State Orlando, Florida	City & State Orlando, Florida
Zip 32801	Country USA
Zip 32802-0231	Country USA

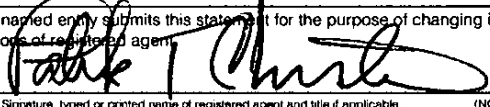


01152006 Chg-P CR2E034 (11/05)

4. FEI Number 74-3041039	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 CHRISTIENSEN, PATRICK T 255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Patrick T. Christiansen Street Address (P.O. Box Number is Not Acceptable) 420 South Orange Avenue, Suite 1200 City Orlando, FL Zip Code 32801
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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** 1-18-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOKANSON, JOHNRT E 255 SOUTH ORANGE AVE, SUITE 1700 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hokanson, John E. c/o UPS Service Ctr., Box 274, 1767 Lake-wood Ranch Blvd., Bradenton, FL 34121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS CHRISTIENSEN, PATRICK T 255 SOUTH ORANGE AVE, SUITE 1700 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS Patrick T. Christiansen 420 South Orange Avenue, Suite 1200 Orlando, Florida 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS CHRISTIENSEN, TODD 255 SOUTH ORANGE AVE, SUITE 1700 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS Todd M. Christiansen 615 Sheridan Boulevard Orlando, Florida 32804 <input checked="" 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 that is all other like empowered.

SIGNATURE:  **DATE** 1-18-06 **Daytime Phone #** (407) 419-8545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR