2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIF

SIGNATURE: ____

SKONATURE

FILED Feb 27, 2006 08:00 AM Secretary of State

AIIIVAL				G (P C(4 = 4
DOCUMENT # P02000078704 1. Entity Name NATIONAL FOOD MART, INC.				Secre	etary of	State
Principal Place of Business 3000 CORRINE DR ORLANDO, FL 32803	Mailing Address 3000 CORRINE DR ORLANDO, FL 32803		2 201 0/00 A	Kar aski aski aski	20 /// (2004) (20// (20//	INSKE NSNEKNIKAS JE SNEKL
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DO NOT WRITE	IN THIS STAC	/E	4. FEI Number 04-370832	3		Applied For Not Applicable
		, d	5. Certificate of St	atus Desired		5 Additional adulted
6. Name and Address of Current F	legistered Agent					7777 1797 14
LAY, SOPHAN 3000 CORRINE DR ORLANDO, FL 32803		## ### ### ### #######################		OT W		ST A
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The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its registere	d office or registere	ed agent, or both, in	the State of Flor	rida, (am familia	with, and accept
SIGNATURE	no the happicoble. (NOTE: Registered	s Agent signature required t	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	S. Election Campaign Finan Trust Fund Contribution.		00 May Be			<u> </u>
10. OFFICERS AND	DIRECTORS	<u> </u>		** · · · · · · · · · · · · · · · · · ·	· <u>**</u> * * *	
SITLE PSD NAME LAY, SOPHAN STREET ADDRESS 2844 ALOMA LAKE RUN CITY-ST-ZIP OVIEDO, FL 32765	-,	granden (1980) granden (1980)	w sing	uoōnoo	450336	
TITLE VTD NAME CHHU, KIM SOUR STREET ADDRESS 2844 ALOMA LAKE RUN CITY-ST-ZIP OVIEDO, FL 32765		· · · · · · · · · · · · · · · · · · ·	ranger de l Maria de la casa de la La casa de la casa de l		<u> 90001-019</u>	150.00
TITLE NAME STREET ADDRESS		e e e e e e e e e e e e e e e e e e e				The second secon
CITY-ST-ZIP				OT W	` .	n e many e
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STREET ADDRESS CITY-SI-ZUP			· · · · · · · · · · · · · · · · · · ·	- 4: - 4: - 4:	·	man nari a. Na 125 A
TITLE HAME STREET ADDRESS		e e e e e e e e e e e e e e e e e e e		7.5 T	energe	e e e e e e e e e e e e e e e e e e e
CAY-SI-ZIP		in turning as	en e	%	70 J , , , , , , , , , , , , , , , , , ,	The same and the s
NAME STREET ADDRESS		~ : ` <u>\$</u> fa.		<u>.</u>		

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 supplifyental 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 of 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR