2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P02000078704** 1. Entity Name 06 NOV 14 PM 2: 43 NATIONAL FOOD MART, INC. Principal Place of Business Mailing Address 3000 CORRINE DR 3000 CORRINE DR ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11032006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 04-3708323 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Chhu, Kim Khun LAY, SOPHAN Address (P.O. Box Number is Not Acceptable) 2844 Aloma Lake Run 3000 CORRINE DR ORLANDO, FL 32803 City Oviedo 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 Signature, typed or printed name of registered egent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD TITLE Defete TITLE ☐ Change Addition **PSTD** LAY, SOPHAN NAME NAME Chhu, Kim Khun 2844 Aloma Lake Run STREET ADDRESS 2844 ALOMA LAKE RUN STREET ADDRESS CITY-ST-7IP OVIEDO, FL 32765 CITY-ST-7IP Oviedo, Florida 32765 VTD TITLE Delete TITLE ☐ Change Addition THACH, THI-MAO 2844 Aloma Lake Run NAME CHHU, KIM SOUR NAME STREET ADDRESS 2844 ALOMA LAKE RUN STREET ADDRESS OVIEDO, FL 32765 CITY-ST-7IP Oviedo, Florida 32765 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME 900081770 11/14/06--01068--002 STREET ADORESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

KIM - KHUN CHHU