2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED

DOCUN 1. Entity Name DK FOOD		112				ecretary of Sta	ite
3500 SE FED STUART, FL	ERAL HWY	Mailing Address 3500 SE FEDERAL HWY STUART, FL 34997					
			<u>, a , f &</u>	04042006	No Chg-P	CR2E034 (11/05)	
D	O NOT WRITE	IN THIS SPA		4. FEI Numbe 11-364!	er -	Applied For Not Applicat \$8.75 Additional Fee Required	nie
	6. Name and Address of Current R	egistered Agent	<u> </u>	1 : _ : :		rea nequired	ᅴ
KOHLHORST, DONALD E 3500 SE FEDERAL HWY STUART, FL 34997			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 an	t title if applicable. (NOTE, Registers	ed Agent signature require	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees		<u> </u>	
10.	OFFICERS AND D	IRECTORS	-			-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOHLHORST, DONALD E 3500 SE FEDERAL HWY STUART, FL 34997	<u> </u>	State e accesso e	, MGu?	10000U 20092V40	0512846 -80105-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	ें व		QT: <u>2</u> 2: Q2	and the state of t	i
name Street address City-St-Zip			7 .	DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. <u> </u>		IN T	THIS SI	PACE	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		a the second					12.7
12. I hereby indicated of the co- changed	certily that the information supplied with to this report or supplemental report is receiver or trustee empore, or on an attach field with an address, w	his filing does not qualify for the erue and accurate and that my signivered to execute this report as required to the like empowered.	xemptions containe ature shall have the uired by Chapter 60	ed in Chapter 119 same legal effector, Florida Statute	9, Florida Statutes. ct as if made under es; and that my nan	I further certify that the information oath; that I am an officer or direct the appears in Block 10 or Block 11	i H if
SIGNAT	TIDE (NYVVV)	mach		4/5	106	561 994-344	0

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR