## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # P03000008831** 04-26-2006 90200 034 \*\*\*150.00 DAVID'S GOURMET, INC. Principal Place of Business Mailing Address 44 COCOANUT ROW 44 COCOANUT ROW PALM BEACH, FL 33480 PALM BEACH, FL 33480 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 65-1170374 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name David A. Hong PINEDA, ENRICO A Street Address (P.O. Box Number is Not Acceptable) 4701 MARTHA LOUISE DRIVE 9711 Lily Bank Ct. WEST PALM BEACH, FL 33417 Riviera Beach, FL 33407 City Zip Code 8. The above named early 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 eistered age the obligations of re David A. Hong 4/24/06 SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE Delete πne HONG DAVID A NAME NAME 2700 VANDIVER DR. APT 3D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL. 33409 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TTDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 employered 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 arechment with an address, with all other like employered.

FILED

Date: 4/24/06 David A. Hong-President

CICHATIIDE