2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 08:00 AM DOCUMENT # P03000065677 **Secretary of State** 1. Entity Name 7 AVITA COFFEE & PROVISION, INC. Principal Place of Business Mailing Address 45 NORTH CONGRESS AVENUE, BAY 8-3 DELRAY BEACH FL 33445 45 NORTH CONGRESS AVENUE, BAY B-3 DELRAY BEACH FL 33445 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 51-0473228 Not Applicat! Country Country Zip Ζìρ \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLANCY, JAMES M Street Address (P.O. Box Number is Not Acceptable) 15175 MICHELANGELO BLVD, #202 BLDG #8 DELRAY BEACH FL 33446 Zip Code 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 accepthe obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE Registered Agent argnature required when rounstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 1 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete THE ☐ Change ☐ Addition U00000480394 NAME CLANCY, JAMES E NAME u4/10/06-80041-018 150.00 STREET ADDRESS STREET ADDRESS 59 LONE STREET CITY-SI-ZIP CITY-ST-ZIP MARSHFIELD MA 02050 □ Delete 2211 ☐ Change ☐ Addition TITLE NAME VERROCHI, MICHAEL J NAME SURFET ADDRESS 80 L WASHINGTON SQUARE STREET ADDRESS CITY-57-289 NORWELL MA 02061 CITY-ST-ZIE Delete ☐ Change ☐ Additti. NAME NAME MAGNER BRIAN J STREET ADDRESS STREET ADDRESS 43 BAY PATH LANE CITY-ST-IM NORWELL MA 02061 CITY-ST-ZIF ☐ Change Admini ☐ Delete TOTALE NAME VERROCHI, MICHAEL J NAME STREET ADDRESS 128 PINE STREET STREET ADDRESS CITY-ST-ZIP NORWELL MA 02061 CITY-ST-ZIP VP TITLE Delete TITLE ☐ Change FTA: PROUTY, MICHELLE 647 MAIN STREET STREET ADDRESS STREET ADDRESS NORWELL MA 02061 CITY-ST-ZIP CITY-ST-ZIP VP ☐ Defete Change □ Add.... 717) F TITLE CLANCY, JAMES M NAME NAME 15175 MICHELANGELO BLVD APT 202 BLDG B STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33446 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an eadress, with all other like empowered.

SIGNATURE:

JAMES E. CLANCY 3-1-06 581-279-999

FILED