

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-13-2006 90046 048 ***150.00
02-27-2006 90054 016 ***150.00

EP DVNFOU!\$ P03000115713 <small>2/ Entity Name</small> FRIENDLY MEAT AND GROCERY INC					
<small>Principal Place of Business</small> 2814!Q28!TU GUQSF!Q!45: 61			<small>Mailing Address</small> 2814!Q28!TU GUQSF!Q!45: 61		
<small>3/ Principal Place of Business</small>			<small>4/ Mailing Address</small>		
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt. #, etc.</small>		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>5/ FEI Number</small> 20-0369445	
<small>6/ Certificate of Status Desired</small> <input type="checkbox"/>				<small>Applied For</small> Not Applicable	
<small>7/ Obn f lboe!Beesf t t lpgDvssf ouSf hjt d f e!Bhf ou</small>					
SHREITEH, NAEL M-N 1703 N 17 ST FT PIERCE, FL 34950					
<small>8/ Obn f lboe!Beesf t t lpgOf x ISf hjt d f e!Bhf ou</small>					
<small>Name</small>					
<small>Street Address (P.O. Box Number is Not Acceptable)</small>					
<small>City</small>					
<small>Zip Code</small>					
<small>9/ 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.</small>					
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			<small>1/ Election Campaign Financing</small> <input type="checkbox"/> <small>2/ Election Campaign Financing</small> <input type="checkbox"/>		
<small>21/ OFFICERS AND DIRECTORS</small>			<small>22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D SHREITEH, NAEL M-N 1703 N 17 ST, FT PIERCE, FL 34950	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>23/ 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.</small>					
T.J.HOBVVSF; _____ 2-27-06 _____					
<small>T.J.HOBVVSFIBOEILZQFEPISIOSJUFEBONFIPGTJHCHIPGQDFSIPISIEJFDPUS</small>					