2005 FOR PROFIT CORPORATION

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| ANNUAL REPORT | | | | 4 | | tous uo;uu Alvi |
|--|--|--|--------------------------|---------------------------|----------------------------------|--|
| DOCUMENT # P03000142772 | | | |] | Secre | tary of State |
| 1. Entity Name AMERICAN RESTAURANT DEPOT, INC. | | | | } | | |
| AMENIO | | • | | | | |
| Principal Plac | e of Business M | ailing Address | ' | | | |
| | | 3735 DOUBLE TREE TRAIL VELLINGTON, FL 33414 U | S | | _ | |
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| DO NOT WRITE IN THIS SPACE | | | | 03312005 | No Chg-P | CR2E034 (10/03) |
| | | | | 4. FEI Numb 20-043 | | Applied For |
| | | | | | | Not Applicable |
| | | | | 5. Certificate | of Status Desired | Fee Required |
| 6. Name and Address of Current Registered Agent | | | | | *** | |
| WERBLE, STEVEN CPA,CVA | | | | DO | NOT W | RITE |
| 300 NW 70TH AVE SUITE 200 | | | 1 | | | |
| PLANTAT | ION, FL 33317 | · · · · · · · · · · · · · · · · · · · | | \$1 V | THIS SF | 'ACE |
| 8. The above the obligat | named entity submits this statement for the patients of registered agent. | burpose of changing its register | ed office or register | ed agent, or bo | th, in the State of Flo | rida. I am familiar with, and accept |
| SIGNATURE. | Signature typed or privided dama of registered agent and faller | Yaopinable, INCTE Repictore | e Ager signalus required | t whiten relinstating) | | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution. | | | | .00 May Be led to Fees | | |
| 10. | OFFICERS AND DIRE | CTORS | | | (| or y or was a superior of the |
| VISLE NAME | PD | | | | anderse a a | one of the second secon |
| STHEET ADDRESS | DASHWOOD, MONSERRATT 13735 DOUBLETREE TR | | 1 | | | 302408 30071-005 150.00 |
| CHY-ST-ZIP | WELLINGTON, FL 33414 | | 1 | | 144777102-1 | 311071-005 150.00 |
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| TITLE NAME | | ······································ | 1 | e a a a servey | to the test of the second of the | Section 1997 Control of the Control |
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| l time |) | | 2 | • | | |

12. Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 trustae 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.

SIGNATURE:

| Manual | Man

STREET ADDRESS CITY-ST-ZIP