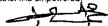
## 2006 FOR PROFIT CORPORATION

## **FILED** Apr 24, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P04000057082 MUNCHEE'S EXPRESS, INC. Mailing Address Principal Place of Business **614 UNION STREET 614 UNION STREET** DUNEDIN, FL 34698 DUNEDIN, FL 34698 US 04142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0947561 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MSAWELL, MAH'D 614 UNION STREET DUNEDIN, FL 34698 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. (14OTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PDTS** TITLE NAME MSAWELL, MAH'D STREET ADORESS 614 UNION STREET U00000528791 05/05/06-80052-009 150.00 CITY-ST-ZIP DUNEDIN, FL 34698 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. 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 eath; 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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS



4-20-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #