

2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90045 022 ***150.00

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000069779					
1. Entity Name YOGURT QUEEN, INC.					
Principal Place of Business 1476 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 US			Mailing Address 5211 NW 110 AVENUE CORAL SPRINGS, FL 33076 US		
2. Principal Place of Business			3. Mailing Address 9748 NW 35 ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State CORAL SPRINGS, FL			4. FEI Number 20-1319354		Applied For Not Applicable
Zip 33065	Country BROWARD	Zip 33065	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PIROFSKY, NORMAN 5211 NW 110 AVENUE CORAL SPRINGS, FL 33076			7. Name and Address of New Registered Agent Name TRACY POWER Street Address 9748 NW 35 ST City CORAL SPRINGS, FL FL 33065		
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  TRACY POWER 1/19/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PIROFSKY, NORMAN 5211 NW 110 AVENUE CORAL SPRINGS, FL 33076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRACY POWER P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9748 NW 35 ST CORAL SPRINGS, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T YOUNG, SUZANNE 7614 SUNFLOWER DRIVE MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRAIG POWER S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9748 NW 35 ST CORAL SPRINGS, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:  **TRACY POWER** 1/19/2005 954-757-0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR