


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90221 002 \*\*\*158.75

<b>DOCUMENT # P04000087079</b>					
<b>1. Entity Name</b> KWICK SNACK DELIVERIES, INC.					
<b>Principal Place of Business</b> 6055 SUN BERRY CIRCLE BOYNTON BEACH, FL 33437			<b>Mailing Address</b> 6055 SUN BERRY CIRCLE BOYNTON BEACH, FL 33437		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01222006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 77-0636313				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<b>\$8.75 Additional Fee Required.</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GAYNES, DAVID M ESQ. <del>8700 MISTY OAK CIRCLE</del> <del>ROYAL PALM BEACH, FL 33411</del>			<b>DAVID M. GAYNES, ESQUIRE</b> <b>4327 SOUTH HIGHWAY #27</b> <b>SUITE NUMBER 404</b> <b>CLERMONT, FLORIDA 34711</b>		
(NOTE: Registered Agent signature required when reinstating)			DATE		
<b>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.</b>					
SIGNATURE: <u>David M. Gaynes</u> 1/23/06					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVIGLIANO, MICHAEL 6055 SUN BERRY CIRCLE BOYNTON BEACH, FL 33438	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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 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.</b>					
<b>SIGNATURE:</b> <u>Michael Savigliano</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date      Daytime Phone #					