2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098955

Entity Name: FIRST SUBS, INC.

FILED Jan 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10917 LONG BOAT DRIVE COOPER CITY, FL 33026

Current Mailing Address: New Mailing Address:

10917 LONG BOAT DRIVE COOPER CITY, FL 33026

FEI Number: 05-0605389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILVERMAN, MARVIN
10917 LONG BOAT DR
4TH FLOOR
COOPER CITY, FL 33026 US

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.

SIGNATURE: MARVIN SILVERMAN 01/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LUSTIG, DAVID A PH.D LUSTIG, DAVID A PH.D Name: Name: 10917 LONG BOAT DRIVE 10917 LONG BOAT DRIVE Address: Address: COOPER CITY, FL 33026 City-St-Zip: COOPER CITY, FL 33026 City-St-Zip:

Title: VSD () Delete Title: () Change () Addition

 Name:
 SILVERMAN, WILTON GARCIA
 Name:

 Address:
 10917 LONG BOAT DRIVE
 Address:

 City-St-Zip:
 COOPER CITY, FL 33026
 City-St-Zip:

Title: D () Delete Title: TD (X) Change () Addition

 Name:
 SILVERMAN, MARVIN
 Name:
 SILVERMAN, MARVIN

 Address:
 10917 LONG BOAT DRIVE
 Address:
 10917 LONG BOAT DRIVE

 City-St-Zip:
 COOPER CITY, FL 33026
 City-St-Zip:
 COOPER CITY, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. LUSTIG PD 01/27/2006