

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90223 035 \*\*\*150.00

<b>DOCUMENT # P04000139003</b>					
<b>1. Entity Name</b> <b>R &amp; Y GIFT &amp; GROCERIES CORP.</b>					
<b>Principal Place of Business</b> <b>3126 REDWOOD NATIONAL DR. #4106</b> <b>ORLANDO, FL 32837</b>			<b>Mailing Address</b> <b>717 EAST OAK STREET</b> <b>KISSIMMEE, FL 34744</b>		
<b>2. Principal Place of Business</b> <b>7400 International Drive</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. <b>Suite 1107</b>		Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State		<b>4. FEI Number</b> <b>20-1720228</b>	
Zip <b>32819</b>		Country <b>US</b>		Zip	
Country <b>US</b>		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>AHMED, MIYAN R</b> <b>3126 REDWOOD NATIONAL DR. #4106</b> <b>ORLANDO, FL 32837</b>			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable) <b>7400 International Drive</b>			Street Address (P.O. Box Number is Not Acceptable)		
Suite 1107			Suite 1107		
City			City		
<b>Orlando</b>			<b>Orlando</b>		
<b>FL</b>			<b>FL</b>		
Zip Code			Zip Code		
<b>32819</b>			<b>32819</b>		
<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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed & printed name of registered agent and title if applicable					
DATE					
<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 AHMED, MIYAN R 3126 REDWOOD NATIONAL DR. #4106 ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD YASMIN, NOLIFAR 3126 REDWOOD NATIONAL DR. #4106 ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<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>MIYAN AHMED, President</u> <b>5-1-06</b> <b>321-947-7819</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					