2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Feb 20, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000157856 OLE KENTUCKY KETTLE CORN, INC. Mailing Address Principal Place of Business POST OFFICE BOX 3302 13803 BLAIR RANCH DRIVE WIMAUMA, FL 33598 US RIVERVIEW, FL 33568 US 02172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1932029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE POSTON, THELMA L 13803 BLAIR RANCH DRIVE WIMAUMA, FL 33598 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 (NOTE, Registered Agent signature required when reinstating) DATE ure, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1\$ \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME POSTON, CLIFFORD D JR. STREET ADDRESS POST OFFICE BOX 3302 RIVERVIEW, FL 33568 CITY-ST-71P MILE POSTON, THELMA L NAME 000000439342 03/01/06-80042-016 150.00 STREET ADDRESS POST OFFICE BOX 3302 CITY-ST-ZIP RIVERVIEW, FL 33568 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP Τπιε NAME STREET ADDRESS City-St-Zip TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 giver like empowered.

FILED

Daytime Phone #