2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 26, 2006 8:00 am **Secretary of State** DOCUMENT # P05000005880 1. Entity Name 01-26-2006 90033 042 ***150.00 K & A FOOD; INC. Principal Place of Business Mailing Address 9012 NEW KINGS RD 9012 NEW KINGS RD. JACKSONVILLE FL 32219 JACKSONVILLE FL 322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FE! Number Applied For 20-2528378 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMPLIFIED BOOKKEEPING, INC. Street Address (P.O. Box Number is Not Acceptable) 6034 CHESTER AVE SUITE 108 JACKSONVILLE FL 32217 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE Addition ☐ Change NAME NAME ALKHAJA, RIAD STREET ADDRESS 7618 SOUTHSIDE BVLD APT 110 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition ABABSEH, AHMAD NAME NAME STREET ADDRESS 9801 OLD BAYMEADOWS RD. APT 92 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE ☐ Defete TITLE ____Change ______Addition. NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

FILED