## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000010363

City-St-Zip:

TAMPA, FL 33614

FILED Jan 23, 2006 Secretary of State

**Entity Name:** COLUMBIA FONDUE, INC. **Current Principal Place of Business: New Principal Place of Business:** 8810 TWIN LAKES BOULEVARD TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** 8810 TWIN LAKES BOULEVARD TAMPA, FL 33614 FEI Number: 20-2188802 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: MCINTOSH, ANDREW L FOWLER WHITE BOGGS BANKERS, P.A. 501 EAST KENNEDY BLVD % DLA PIPÉR RUDNICK GRAY CARY US LLP 101 EAST KENNEDY BLVD. SUITE 2000 SUITE 1700 TAMPA, FL 33602 US TAMPA, FL 33602 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: BROWNLEE HUNTER 01/23/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition JOHNSTON, MICHAEL M Name: Name: 8810 TWIN LAKES BOULEVARD Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: Title: () Delete () Change () Addition JOHNSTON, MARK T Name: Name: 8810 TWIN LAKES BOULEVARD Address: Address: TAMPA, FL 33614 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition JOHNSTON, ROBERT P Name: Name: 8810 TWIN LAKES BOULEVARD Address: Address:

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.

City-St-Zip:

SIGNATURE: ROBERT P JOHNSTON D 01/23/2006