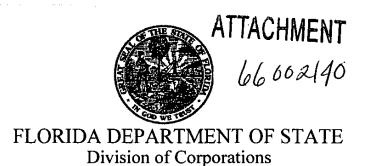
2006 FOR PROFIT CORPORATION ANNUAL REPORT:

Secretary of State DOCUMENT # P05000095780 01-20-2006 90031 021 ***158.75 OAK FIRE BBQ, INC. Principal Place of Business Mailing Address 11968 N. FLORIDA AVE P.O. BOX 17715 66002140 TAMPA FL 33682-7715 **TAMPA. FL 33612** 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For X Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOMASKO, JAMIE Street Address (P.O. Box Number is Not Acceptable) 11968 N. FLORIDA AVE TAMPA, FL 33612 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 the II applicable (NOTE: Registered Agent of Convenient when reheating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE Delete TILE Addition ☐ Change TOMASKO, JAMIE NAME STREET ADDRESS 10931 N. DALE MABRY HWY STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP MIE Deleta TILE Addition NAME HALE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-S1-ZIP MLE Delete MUE ☐ Change Addition MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Chance ☐ Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Octob MLE IIILE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Defete Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 rappor is true and accurate and that my Signature shall have the same legal affect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered 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 suffress, with all other like emptywered. SIGNATURE:

Deveroe Phone #

FILED

Feb 23, 2006 8:00 am



January 25, 2006

OAK FIRE BBQ, INC. P.O. BOX 17715 TAMPA, FL 33682-7715 FEB 13 2006.

Subject: OAK FIRE BBQ, INC.

Reference Number:

P05000095780

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc ANNUAL REPORTS SECTION