

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90039 045 \*\*\*150.00

<b>DOCUMENT # P05000105703</b> 1. Entity Name <b>4 BISCUITS, INC</b>					
Principal Place of Business <b>8250 CITRUS CHASE DRIVE ORLANDO, FL 32836 US</b>			Mailing Address <b>8250 CITRUS CHASE DRIVE ORLANDO, FL 32836 US</b>		
2. Principal Place of Business <b>13506 Summerport Village Parkway</b>		3. Mailing Address <b>13506 Summerport Village Parkway</b>			
Suite, Apt. #, etc. <b>312</b>		Suite, Apt. #, etc. <b>312</b>			
City & State <b>Windermere, FL</b>		City & State <b>Windermere, FL</b>			
Zip <b>34786</b>		Country <b>US</b>		Zip <b>34786</b>	
Country <b>US</b>		Country <b>US</b>		4. FEI Number <b>20-3234502</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FIGUEROA, ALEX 8250 CITRUS CHASE DRIVE ORLANDO, FL 32836</b>			7. Name and Address of New Registered Agent Name <b>Alex Figueroa</b> Street Address (P.O. Box Number is Not Acceptable) <b>5330 Segari Way</b> City <b>Windermere</b> <b>FL</b> Zip Code <b>34786</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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES FIGUEROA, ALEX 8250 CITRUS CHASE DRIVE ORLANDO, FL 32836	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR MCCABE, WILLIAM III 421 WEST HARRISON AVE ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR LORENZO, JEFFREY 709 EAST FLAG WAY KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR RODERICK, RUSSELL 15300 W COLONIAL DRIVE #1302 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/25/06 407-970-5651</b> <small>Date Daytime Phone #</small>		