

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90255 042 \*\*\*150.00

<b>DOCUMENT # P05000118831</b> 1. Entity Name <b>CONTOURS EXPRESS VOLUSIA, INC.</b>					
Principal Place of Business <b>2661 C SOUTH WOODLAND BLVD DELAND, FL 32720</b>			Mailing Address <b>2661 C SOUTH WOODLAND BLVD DELAND, FL 32720</b>		
2. Principal Place of Business <b>2661 c S. Woodland Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>2661 c S. Woodland Blvd</b> Suite, Apt. #, etc.			
City & State <b>DeLand FL</b>		City & State <b>DeLand FL</b>		4. FEI Number <b>34-2055563</b>	
Zip <b>32720</b>		Country <b>Volusia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FENNELL, CARYN S 2661 C SOUTH WOODLAND BLVD DELAND, FL 32720</b>			7. Name and Address of New Registered Agent Name <b>Gail Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>2661 c S. Woodland Blvd</b> City <b>DeLand</b> <b>FL</b> Zip Code <b>32720</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 <u><i>Gail L Smith</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <b>4-27-06</b>					
<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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FENNELL, CARYN S</b> <b>2661 C SOUTH WOODLAND BLVD</b> <b>DELAND, FL 32720</b> <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	<b>D</b> <b>SMITH, GAIL L</b> <b>2661 C SOUTH WOODLAND BLVD</b> <b>DELAND, FL 32720</b> <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		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		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		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		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> <u><i>Gail L Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-27-06</b> <b>386-738-6780</b> <small>Date Daytime Phone #</small>		