2006 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# P05000162851

Entity Name: S&SMORGANS, INC.

Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9301 ULMERTON RD LARGO, FL 33771 **Current Mailing Address: New Mailing Address:** 9301 ULMERTON RD LARGO, FL 33771 FEI Number: 04-3835267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SACKS, JAMI L 9301 ULMERTON RD LARGO, FL 33771 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:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: (X) Change () Addition SACKS, JAMI L SACKS, JAMI L Name: Name: POST OFFICE BOX 5136 POST OFFICE BOX 808 Address: Address: LARGO, FL 33779 US City-St-Zip: City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US VΡ Title: Title: () Delete () Change () Addition Name: FALLON, SUZANNE C Name: 110 STRASS CT. Address: Address: CARY, NC 27511 US City-St-Zip: City-St-Zip: Title: Title: SECY () Delete SECY (X) Change () Addition

JAMI, SACKS JAMI, SACKS Name: Name:

POST OFFICE BOX 5136 POST OFFICE BOX 808 Address: Address:

City-St-Zip: LARGO, FL 33779 US City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: () Delete Title: (X) Change () Addition SACKS, RACHEL L SACKS, RACHEL L Name: Name:

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Title: DIR Title: () Delete (X) Change () Addition

SACKS, JAMI L Name: Name: SACKS, JAMI L

POST OFFICE BOX 5136 Address: POST OFFICE BOX 808 Address: LARGO, FL 33779 City-St-Zip: City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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.

SIGNATURE: JAMI L. SACKS **PRES** 04/27/2006