2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2007 08:00 A Secretary of State

DOCUMENT # P25319 1. Enity Name YAYA'S FLAME BROILED CHICKEN, INC.				Secretary of S		
Principal Place of Bus 521 SO DORT HWY FLINT, MI 48503		Aailing Address 521 S. DORT HWY. FLINT, MI 48503 US			1 KARI BKULUUS KURI KURI INKAINI BISK	LINI CINI CINI KINKINI I ILISI
DO	NOT WRITE I	N THIS SPA	ACE	05022007 4. FEI Numb 38-286	er	E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALDEN, MICHAEL 300 FIRST AVE NORTH SAINT PETERSBURG, FL 33701 B. 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 Secretical based or critical name of generated agent and blind applicable. (NOTE: Registered Agent signature). DAIE						
Signature, hyped or printed name of registered agent and bille if applicable (NOTE: Registere FILE NOWILI FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be	In accordance with s. 6 corporation did not rec	507.193(2)(b), F.S., the
STREET ADDRESS 6009 CITY-ST-ZIP GRAI TITLE VSD NAME CHIN STREET ADDRESS 9581	OFFICERS AND DIR IONIS, JOHN D. PLANTATION ND BLANC, MI IONIS, GUS C. BURNING TREE DRIVE ND BLANC, MI	ECTORS			U000007620 05/25/07-8000	017 30-003 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	ΓΕ

12. Thereby 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.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-/-07 Daio

IN THIS SPACE

Daytime Phone #