
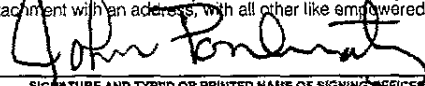


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P37177			
1. Entity Name KENNER KENTUCKY FRIED CHICKEN, INC.			
Principal Place of Business 94 NW READY AVE SUITE B-1 FT WALTON BEACH, FL 32548 US		Mailing Address 94 NW READY AVE SUITE B-1 FT WALTON BEACH, FL 32548 US	
DO NOT WRITE IN THIS SPACE			
		02032006 No Chg-P CR2E034 (11/05)	
4. FEI Number 72-0895373		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PANKRATZ, JOHN 500 MARY ESTHER CUT OFF FORT WALTON BEACH, FL 32548		DO NOT WRITE IN THIS SPACE	
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 re-registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	PSCD		
NAME	PANKRATZ, MARILYNN		
STREET ADDRESS	9 IMPERIAL WOODS DRIVE		
CITY- ST- ZIP	HARAHAN, LA 70123		
TITLE	TD		
NAME	LINDSEY, GAIL		
STREET ADDRESS	9 IMPERIAL WOODS DRIVE		
CITY- ST- ZIP	HARAHAN, LA 70123		
TITLE	V		
NAME	PANKRATZ, JOHN		
STREET ADDRESS	94 NW READY AVE STE STE B-1		
CITY- ST- ZIP	FORT WALTON BEACH, FL 32548		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
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 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: 		JOHN PANKRATZ 2/6/2005 850 244-5999	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	