2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000036171

Entity Name: MORAR ENTERPRISES INC.

FILED Jul 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% KWIK STOP FOOD STORE 503 ALT 19 PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

% KWIK STOP FOOD STORE 503 ALT 19 PALM HARBOR, FL 34683

FEI Number: 59-3182686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATEL, NANOOBHAI D

1604 GRAY BARK DR

OLDSMAR, FL 34677 US

MORAR, MEHUL

1604 GRAY BARK DR

OLDSMAR, FL 34677 US

OLDSMAR, FL 34677 US

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: MNMORAR 07/14/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 PATEL, NANOOBHAI D
 Name:

 Address:
 1604 GRAY BARK DRIVE
 Address:

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:

Title: D () Delete Title: VP (X) Change () Addition

Name:PATEL, INDIRABEN NName:PATEL, INDIRABEN NAddress:1604 GRAY BARK DRIVEAddress:1604 GRAY BARK DRIVECity-St-Zip:OLDSMAR, FL 34677City-St-Zip:OLDSMAR, FL 34677

Title: D () Delete Title: P (X) Change () Addition

 Name:
 MORAR, MEHUL
 Name:
 MORAR, MEHUL

 Address:
 1604 GRAY BARK DRIVE
 Address:
 1604 GRAY BARK DRIVE

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:
 OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MNMORAR P 07/14/2005