2006 FOR PROFIT CORPORATION

FILED Jan 17, 2006 8:00 am **ANNUAL REPORT**

Secretary of State DOCUMENT # P93000039034 01-17-2006 90248 049 ***150.00 1. Entity Name M & É BBQ, INC Principal Place of Business Mailing Address 162 W 2ND AVENUE PO BOX 74 PIERSON, FL 32180 PIERSON, FL 32180 US 2. Principal Place of Business 3. Mailing Address 138 E. State Road 40 Suite, Apt. #, etc. CR2E034 (11/05) 01052006 City & State City & State 4. FEI Number Applied For BARBERVILLE FLORIDA 59-3181434 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32105 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUBBERLY, MARK Street Address (P.O. Box Number is Not Acceptable) 410 W WASHINGTON AVE PIERSON, FL 32180 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Delete TITLE ☐ Addition Change NAME DUBBERLY, MARK NAME STREET ADDRESS 410 W WASHINGTON AVE STREET ADDRESS CITY-ST-7P PIERSON, FL 32180 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition BRADDOCK, EDDIE NAME STREET ADDRESS PO BOX 181 STREET ADDRESS CITY-ST-ZIP DE LEON SPRINGS, FL 32130 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition DUBBERLY, LISA NAME STREET ADDRESS PO BOX 74 STREET ADDRESS CITY-ST-ZIP PIERSON, FL 32180 CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

O OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

10/06