2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 01, 2007 08:00 A Secretary of State **DOCUMENT # P94000042713** FAMOUS GREEK SALADS OF FLORIDA, INC. Mailing Address Principal Place of Business 10041 NORTH DALE MABRY 10041 NORTH DALE MABRY **TAMPA, FL 34618** TAMPA, FL 34618 CR2E034 (11/05) 04262007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3256893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOLLINKA, DAVID J DO NOT WRITE **2312 US HIGHWAY 19** HOLIDAY, FL 34691 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. Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000750604 10. OFFICERS AND DIRECTORS TITLE MANGOS, CYNTHIA P NAME 10041 NORTH DALE MABRY STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33618** TITLE NAME STREET ADDRESS CITY-ST-ZIP mle NAME STREET ADDRESS DO NOT WRITE CiTY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7tP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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 supplied with this 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 repetive of 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

OFFICER OR DIRECTOR

4-27-07 813-962-0233