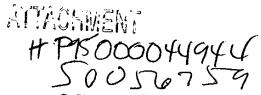
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P95000044944 1. Entity Name 07-21-2005 90031 035 ***150.00 SUN COAST DELI, INC. Principal Place of Business Mailing Address 1425 W GRANADA BLVD P.O. BOX 731233 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32173 2. Principal Place of Business Mailing Address 425 W.GRAVADA BLVD Apt. #, etc. Suite, Apt. #, etc. 07182005 CR2E034 (10/03) Cho-P City & State 4. FEI Number Applied For ORMOND BEACH, FL 59-3324201 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Age: 7. Name and Address of New Registered Agent PALMETTO CHARTER SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32115-2491 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, typed or printed name of registered agent and title if applicable ENOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Channe Addition TITLE ☐ Delete BARSHAY, RAYMOND E NAME NAME 530 SANDY OAKS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL. 32174 CITY-ST-ZIP TITLE ☐ Defete Change Addition LEB. ROBERT B NAME MARKET STREET ADDRESS 500 MEMORIAL CIRCLE STREET ADDRESS CITY-ST-72P ORMOND BEACH, FL 32174 CITY-ST-ZIP Addition TITLE ☐ Delete KEMPER, DENNIS NAME NAME STREET ADDRESS 1425 W GRANADA BI VD STREET ANDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE ☐ Change Addition Delete THE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP Channe ☐ Addition Delete TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Addition TITLE Delete ☐ Change HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 of tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

FILED

Jul 21, 2005 8:00 am



Dear Department of State Representative:

We never received our form for the Annual Report. Our Post Office Box was closed and for some reason we never received this item. We have changed our address on the form so this does not happen again. Thank you for your attention to this matter.

Sincerely,

Dennis Kemper

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