2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 10, 2006 8:00 am Secretary of State **DOCUMENT # P95000066680** 02-10-2006 90023 024 ***158.75 1. Entity Name KANDAH INC. Principal Place of Business Mailing Address 200000090 8429 DRAYTON PK DR JACKSONVILLE FL 32216 % SNAPPY FOOD STORES 2758 TROLLIE LANE JACKSONVILLE FL 32211 2. Principal Place of Business STORES 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 9475 BAVMO adows Row City & State City & State Applied For 4. FEI Number 59-3328839 JALSON, 11e Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired کینA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAN DAH, KANDAH, SAM Street Address (P.O. Box Number is Not Acceptable) 2758 TROLLIE LANE JACKSONVILLE FL 32211 BAY MEA DOWS ROAD Zip Code 32256 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. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TIT≀ E PD TITLE ☐ Defete Change ■ Addition KANDAH 8409 ALLERTON NAME KANDAH, SAM NAME STREET ADDRESS STREET ADDRESS 2758 TROLLIE LANE JACasonulle FC 32211 CITY-ST-ZIP JACKSONVILLE FL 32211 CITY - ST- ZIP KARDAH SOM G-8429 Drayton PX. Dr. ☐ Defete TITLE ☐ Addition NAME KANDAH, JOHN G STREET ADDRESS 2758 TROLLIÉ LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-7IP TITLE TITLE aANDAH Ramiz NAME QANDAH, RAMIZ NAME 8429 Drayton PK.Or STREET ADDRESS STREET ADDRESS 3532 CRESSIA ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32254 Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 the impowered.

FILED

JOHN KANDAH SIGNATURE IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR