2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED Apr 25, 2006 08:00 AN Secretary of State DOCUMENT # P95000087321 1. Entity Name HAYE'S CUSTOM DELIGHTS INC Principal Place of Business Mailing Address 1950 55 AVE 1950 55 AVE MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0627724 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYES, JOHN JR. Street Address (P.O. Box Number is Not Acceptable) 1950 55 AVE MARGATE FL 33063 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and eccept the obligations of registered agent. SIGNATURE. DATE Signature typical or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 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. 11. ☐ Change TITLE ☐ Defete TITLE NAME NAME HAYES, JOHN JR U00000531845 05/06/06-80061-014 150.00 STREET ADDRESS STREET ADDRESS 4700 NW 17 CT CITY-ST-ZIP LAUDERHILL FL 33311 CITY-ST-ZIP TITLE Deiete ☐ Change ☐ Add™ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Detete ☐ Change □ AF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change □ Aik NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Acc TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ And TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 direct 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

123, Jr. April 21,206 (95)