2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014835

MCNAB, JAMES M

1328 SOUTH A1A

FLAGLER BEACH, FL 32136

Name: Address:

City-St-Zip:

FILED Apr 28, 2005 Secretary of State

Entity Name: BAR-B-Q EXCHANGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 25 CYPRESS EDGE DRIVE PALM COAST, FL 32137 **Current Mailing Address: New Mailing Address:** P.O. BOX 1230 FLAGLER BEACH, FL 32136 FEI Number: 59-3360569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STANTON, MARK P STANTON, MARK P 1305 ST JOHNS AVE 3424 ST JOHNS AVE PALATKA, FL 32177 US US PALATKA, FL 32177 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. SIGNATURE: 04/28/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MCNAB, JAMES M JR Name: Name: 519 STEEPLECHASE LANE Address: Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: Title: () Change () Addition () Delete Name: AYREY, CURTIS A Name: 1663 SILVERADO DR. Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: () Delete Title: Title: (X) Change () Addition STANTON, MARK P Name: STANTON, MARK P Name: 3424 ST JOHNS AVE 1305 ST JOHNS AVE Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177 Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES M MCNAB P 04/28/2005