2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2006 08:00 AN Secretary of State **DOCUMENT # P96000058701** 1. Entity Name DALE'S BAR-B-Q, INC. Principal Place of Business Mailing Address 3362 S US HIGHWAY 1 3362 S US HIGHWAY 1 FT PIERCE, FL 34982 FT PIERCE, FL 34982 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0700477 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KINSER, DANIEL B DO NOT WRITE 3362 S US HIGHWAY 1 FT PIERCE, FL 34982 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000531871 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 05/06/06-80069-002 150.**0**0 OFFICERS AND DIRECTORS 10. n TITLE KINSER, DANIEL B NAME 3362 S US HIGHWAY 1 STREET ADDRESS CITY-ST-ZIP FT PIERCE, FL 34982 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIFLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 like propowered.

SIGNATURE:

CITY-ST-ZIP

AKTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2004 7

172-465-746

Daylime Phone

FILED