


FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90004 009 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000069025 1. Entity Name CONTINENTAL FLAMBE' INCORPORATED	
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Principal Place of Business
**936 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901**

Mailing Address
**936 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901**



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3395840	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**AHMAD, RATIB
936 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901**

**DO NOT WRITE
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.

SIGNATURE _____

Signature, in ink or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AHMAD, RATIB
STREET ADDRESS	936 E. NEW HAVEN AVENUE
CITY - ST - ZIP	MELBOURNE, FL 32901

TITLE	D
NAME	BRUEL, VALERIE
STREET ADDRESS	936 E. NEW HAVEN AVENUE
CITY - ST - ZIP	MELBOURNE, FL 32901

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Oxygene Phone # _____

ATTACHMENT 40098905

CONTINENTAL FLAMBE, INC. #P96000069025
936 E New Haven Avenue
Melbourne, FL 32901

July 6th, 2004

Division of Corporation
PO Box 6227
Tallahassee, FL 32314

RE: UBR for CONTINENTAL FLAMBE, INC.

To Whom It May Concern:

Please find enclosed a check in the amount of \$150.00 and information for my Uniform Business Report. I respectfully request your forbearance for my late filing, but I never received a reminder for my annual report.

I thank you for your help in this matter.

Very truly yours,

Ratib Ahmad

