2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # P97000002911** 04-26-2006 90201 007 ***150.00 1. Entity Name **BLOOMINGDALE DONUTS, INC.** Mailing Address Principal Place of Business 1346 W BRANDON BLVD. **DUNKIN DONUTS 808 E BLOOMINGDALE** BRANDON, FL 33510 -US BRANDON, FL 33511 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04202006 Chg-P Applied For 4. FEI Number City & State City & State Not Applicable 59-3432743 \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JENNEWEIN, JONATHAN P Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD. STE 3700 BARNETT PLAZA TAMPA, FL 33602 Zip Code City 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, typed or printed name of registered agent and title 4 applicable .. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change ■ Addition ☐ Delete TITLE TITLE APOSTOLERES, NICHOLAS NAME NAME 1346 W. BRANDON BLVD STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE LOHKAMP, KIM NAME NAME 1346 W. BRANDON BLVD STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE , 🔲 Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED