


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000054496		
1. Entity Name BENNY'S OF BRISTOL, INC.		

Principal Place of Business HWY 12 & HWY 20 10695 NW & SOUTH R 20 BRISTOL, FL 32321	Mailing Address P O BOX 1029 BRISTOL, FL 32321-102
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
HAMZA, TAREK B <i>delete</i> HWY 12 & HWY 20 NW SOUTH R 20 BRISTOL, FL 32321	

7. Name and Address of New Registered Agent	
Name <i>Ben Hamza Raja</i> Street Address (P.O. Box Number is Not Acceptable) <i>2815 Kil Rierane Dr.</i> City <i>Tallahassee, FL</i> FL Zip Code <i>32309</i>	

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 <i>Raja</i>	DATE <i>12/4/06</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HAMZA, RAJA B P O BOX 1029 N/A BRISTOL, FL 323211029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>president</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HAMZA, TAREK B P O BOX 1029 N/A BRISTOL, FL 323211029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700072705347 04/28/06--01027--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>B 4/12/04</i>

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: <i>Raja</i>	DATE <i>12/4/06</i>

FILED

06 APR 12 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3518426	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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Name *Ben Hamza Raja*
 Street Address (P.O. Box Number is Not Acceptable) *2815 Kil Rierane Dr.*
 City *Tallahassee, FL* FL Zip Code *32309*

DATE *12/4/06*

president

director

700072705347
04/28/06--01027--023 **150.00

B 4/12/04