2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093505

Title:

Name:

Address:

City-St-Zip:

DS

(X) Delete

830 RONALD REAGAN BLVD STE 262

LEE, CHRISTOPHER

LONGWOOD, FL 32750

FILED Apr 26, 2006 Secretary of State

Entity Name: FALAFELBURGER, INC. **Current Principal Place of Business: New Principal Place of Business:** ONE SE FIRST AVE GAINESVILLE, FL 32601 **Current Mailing Address: New Mailing Address:** ONE SE FIRST AVE GAINESVILLE, FL 32601 FEI Number: 59-3651156 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: DOLLINGER, JEFF ONE SE FIRST AVE GAINESVILLE, FL 32601 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DOLLINGER, JEFF DOLLINGER, JEFF Name: Name: ONE SE FIRST AVE ONE SE FIRST AVE Address: Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32601 Title: DVP Title: () Delete (X) Change () Addition FARAH, NICK FARAH, NICK Name: Name: 1120 W UNIVERSITY AVE 1120 W UNIVERSITY AVE Address: Address: GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 City-St-Zip: City-St-Zip: Title: (X) Change () Addition DVP () Delete Title: PST NEJAME, ALAN FARAH, SAYEH Name: Name: 830 RONALD REAGAN BLVD STE 262 1120 W UNIVERSITY AVE Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEFF DOLLINGER D 04/26/2006

() Change () Addition