


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90234 039 ***150.00

DOCUMENT # P99000031928	
1. Entity Name FOOD COURT EATERY, INC.	

Principal Place of Business 240 TOWNE CENTER CIR., #VC-10 SANFORD, FL 32771	Mailing Address 240 TOWNE CENTER CIR., #VC-10 SANFORD, FL 32771
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. 329 Grand Valley Dr	Suite, Apt. #, etc. 329 Grand Valley Dr
City & State Lake Mary FL	City & State Lake Mary FL
Zip 32746	Country Seminole



03062006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3566561	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 ELKHATIB, AHMAD Y 246 VILLA DI ESTE TERR., APT 104 LAKE MARY, FL 32746	
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7. Name and Address of New Registered Agent	
Name 329 Grand Valley Dr	
Street Address (P.O. Box Number is Not Acceptable)	
City Lake Mary	FL Zip Code 32746

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 use if applicable	president	DATE 3-10-06
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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 P	ELKHATIB, AHMAD <input type="checkbox"/> Delete	TITLE 329 Grand Valley Dr <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME 329 GRAND VALLEY DR		NAME Lake Mary FL 32746	
STREET ADDRESS LAKE MARY, FL 32746		CITY-ST-ZIP	
TITLE VP	ELKHATIB, BASSAM <input checked="" type="checkbox"/> Delete	TITLE	
NAME 10131 CULPEPPER CT		NAME	
STREET ADDRESS ORLANDO, FL 32836		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	DATE 3-10-06	DAYTIME PHONE 407 739-2023
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