2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P99000035935** 1. Entity Name APPLEBY'S EXPRESS, INC. Principal Place of Business Majiing Address 10251 NW 36TH STREET, #2 10251 NW 36TH STREET, #2 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 No Chg-P CR2E034 (11/05) 04282006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0912482 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent APPLEBY, PAT DO NOT WRITE 10251 NW 36TH STREET, #2 CORAL SPRINGS, FL 33065 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. DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May 8e FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTSD TITLE APPLEBY, PAT J U00000547808 10261 NW 36TH STREET, #2 STREET ADDRESS 05/12/06-80039-020 150.00 CITY-ST-ZIP CORAL SPRINGS, FL 33065 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 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:

MAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

FILED