2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 28, 2006 8:00 am Secretary of State DOCUMENT # P99000049472 1. Entity Name TONY'S GOURMET HOT DOGS, INC. Principal Place of Business Mailing Address 4351 NW 61ST STREET 4351 NW 61ST STREET FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address 17404 INGRAM ROAD 17404 INGRAM ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 65-0923455 Pt. MIERS Not Applicable t. My e RS Country Country \$8.75 Additional 5. Certificate of Status Desired EF Fee Required <u>Lee</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIBDON - ZEAN HIBDON, JEAN Street Address (P.O. Box Number is Not Acceptable) 4351 NW 61ST STREET FT. LAUDERDALE FL 33319 ip Code 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered at FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be · After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Gelete TITLE Change ☐ Addition NAME ANTONIO, JAMES C NAME 17404 INGRAM ROAD STREET ADDRESS 4351 NW 61ST STREET STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33319 CITY-ST-ZIP F1.MERS. F1. 33912 TITLE STD Delete TITLE Addition NAME HIBDON, DELISA NAME 17404 INGRAM ROAD STREET ADDRESS 4351 NW 61ST STREET STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33319 CITY-ST-ZIP F4. MYERS. Pl. 33912 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE [7] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. AUTONZO 3.16.06

FILED