2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000079052

FILED Apr 11, 2006 8:00 am Secretary of State

04-11-2006 90098 013 ***150.00

1. Entity Name PALM BEACH BBQ, INC. 20028338 Principal Place of Business Mailing Address 6911 VISTA PKWY NORTH 6911 VISTA PKWY NORTH WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 2. Principal Place of Business 3. Mailing Address 2731 Victo Prekus Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 CR2E034 (11/05) Chg-P D-16 City & State City & State 4. FEI Number Applied For 65-0949932 Not Applicable Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired П 334/1 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALKER, MICHAEL B 777 BRICKELL AVE STE 900 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 City Zip Code FL 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 title if applicable. (NGTE: Registered Agent algorature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Delete TITLE ☐ Addition WILLIAMS, JERRY W NAME NAME 8731 Vista Parkway D-10 STREET ADDRESS 6911 VISTA PARKWAY NORTH STREET ADDRESS West POLMBERCH PL 33411 CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY-ST-ZIP TITLE D ☐ Delete TITLE Change ☐ Addition WILLIAMS, J TODD NAME NAME 2731 VITTO BEKWAY D-10 STREET ADDRESS 6911 VISTA PARKWAY NORTH STREET ADDRESS WEST PALM BEACH, FL 33411 CITY-ST-7IP West Palm Beach FL 3341/ CITY-ST-ZIP TITLE Delete TITLE ☐ 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 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE 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 attachgent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06 561-697-4888