

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2006 90098 015 ***150.00

20020000



01302006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0968306** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # P99000106499
 1. Entity Name
PATS BBQ, INC.



Principal Place of Business
**6911 VISTA PARKWAY NORTH
 WEST PALM BEACH, FL 33411**

Mailing Address
**6911 VISTA PARKWAY NORTH
 WEST PALM BEACH, FL 33411**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2731 Vista Parkway
 Suite, Apt. #, etc.
D-10

City & State
West Palm Beach FL

Zip **33411** Country

6. Name and Address of Current Registered Agent
**WALKER, MICHAEL B ESQ.
 777 BRICKELL AVENUE
 SUITE 900 SUN TRUST BUILDING
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JERRY W	
STREET ADDRESS	6911 VISTA PKWY NORTH	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, J. TODD	
STREET ADDRESS	6911 VISTA PKWY NORTH	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2731 Vista Parkway D-10	
CITY-ST-ZIP	West Palm Beach FL 33411	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2731 VISTA PARKWAY D-10	
CITY-ST-ZIP	West Palm Beach FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Todd Williams Todd Williams 4-7-06 561-697-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #