
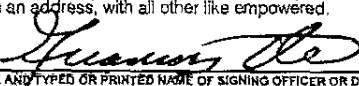


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # S44344 1. Entity Name SOUTHEASTERN FOOD SPECIALTIES, INC.		
Principal Place of Business 5425 NW 24TH ST. STE B-204 MARGATE, FL 33063 US		Mailing Address 5425 N.W. 24TH ST. SUITE B-204 MARGATE, FL 33063 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VANIER, FRANCOIS 1550 N.W. 66TH AVE. MARGATE, FL 33063		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	VANIER, FRANCOIS	
STREET ADDRESS	9800 NW 48TH COURT	
CITY- ST- ZIP	CORAL SPRINGS, FL 33076	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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CITY- ST- ZIP		
TITLE		
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: 		Date: 4/18/06 Daytime Phone #: 954-968-3174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		