2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005
Secretary of State

DOCUMENT# 235210

Entity Name: CITY BEV, INC.

Current Principal Place of Business:

10928 FLORIDA CROWN DR.
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 620006
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 59-0900847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIENE, FORD W
10928 FLORIDA CROWN DR.
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHORT, ANTHONY J
Address: ONE BUSCH PL
City-St-Zip: ST LOUIS, MO 63118

Title: S ( ) Delete
Name: REEVES, LAURA H
Address: ONE BUSCH PL
City-St-Zip: ST LOUIS, MO 63118

Title: D (X) Delete
Name: KRUGER, FREDERICK B
Address: ONE BUSCH PL
City-St-Zip: ST LOUIS, MO 63118

Title: VT (X) Delete
Name: KIMMINS, WILLIAM J JR
Address: ONE BUSCH PL
City-St-Zip: ST LOUIS, MO 63118

Title: AT (X) Delete
Name: SAUERHOFF, DAVID C
Address: ONE BUSCH PLACE
City-St-Zip: ST LOUIS, MO 63118

Title: TC (X) Delete
Name: CASTAGNO, JOHN D
Address: ONE BUSCH PL
City-St-Zip: ST LOUIS, MO 63118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFF (X) Change ( ) Addition
Name: KIENE, FORD W
Address: 10928 FLORIDA CROWN DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: OFF (X) Change ( ) Addition
Name: KIENE, COLBY
Address: 10928 FLORIDA CROWN DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FORD W. KIENE PRES 07/15/2005

Electronic Signature of Signing Officer or Director Date