2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P05000108246

Entity Name: CAPPS ENTERPRISES, INC.

Current Principal Place of Business:

200 PENSACOLA BEACH BLVD.
C-1
GULF BREEZE, FL 32561

New Principal Place of Business:

200 PENSACOLA BEACH BLVD.
C-1
GULF BREEZE, FL 32562

Current Mailing Address:

P.O. BOX 428
GULF BREEZE, FL 32562

New Mailing Address:

905 NORTH HARBOUR DR.
#23
PORTLAND, OR 97217

FEI Number: 20-3343207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPPS, BRUCE G
200 PENSACOLA BEACH BLVD.
GULF BREEZE, FL 32562 US

Name and Address of New Registered Agent:

CAPPS, BRUCE G
200 PENSACOLA BEACH BLVD
GULF BREEZE, FL 32562 US

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: 03/27/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MR. ( ) Delete
Name: CAPPS, BRUCE G
Address: 200 PENSACOLA BEACH BLVD.
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CAPPS, BRUCE G
Address: 905 NORTH HARBOUR DR. #23
City-St-Zip: PORTLAND, OR 97217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRUCE G. CAPPS PRES 03/27/2009
Electronic Signature of Signing Officer or Director — Date