2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2007 08:00 AM **DOCUMENT #237225 Secretary of State** 1. Entity Name FAT BOYS' BAR-B-Q, INC. Principal Place of Business Mailing Address **356 BARRELLA LANE** 356 BARRELLA LANE COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 US 02162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0902658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILSON, JEANNE D DO NOT WRITE 356 BARRELLO LANE COCOA BEACH, FL 32931 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. 2-16-07 mas Signature, typed or printed na Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WILSON, JEANNE 356 BARRELLO LANE STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 329313664 NAME U00000639046 02/28/07-80010-014 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TIDE NAME

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:

STREET ADDRESS CITY-ST-ZIP

12 ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Devirme Phone

(321) 184-3812

FILED