~2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 24, 2008 08:00 A Secretary of State DOCUMENT # 551879 1. Entity Name SPENCER'S WESTERN WORLD, INC. Principal Place of Business Mailing Address 7108 66TH ST. NORTH PINELLAS PARK FL 33781 7108 66TH ST. NORTH PINELLAS PARK FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1777273 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPENCER, MARK D Street Address (P.O. Box Number is Not Acceptable) 7108 66 ST. NORTH PINELLAS PARK FL 33781 City Zio 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 Signature, typed or printed name of registered sident and utility facilities (NOTE: Registered Agent algorithm required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE De cte TITLE ☐ Change Addition SPENCER, MARK D NAME NAME U00000866844 STREET ADDRESS 7108 66 ST. NORTH STREET ADDRESS 04/08/08-80946-020 150.00 CITY-ST-ZIP PINELLAS PARK FL CHY-ST-7IP TILLE Derete TITLE Change Addition SPENCER, WILLIAM P. NAME MAME STREET ADDRESS 7108 66 ST, NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL CITY-ST-7F TITLE ☐ Derete TITLE ☐ Change ☐ Addition NAME SPENCER, MARK D. NAME STREET ADDRESS STHEE! ADDRESS 7108 66 ST. NORTH CITY - ST-ZIP CITY-ST-ZIP PINELLAS PARK FL THEE Delete Change TIFLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Derete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes: I further certify that the information indicated on this report or supplemental lefton's 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 flustee 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.