2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006069

Entity Name: AUGUSTIN INN INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

29 CUNA STREET 11 CINCINNATI AVE.

ST AUGUSTINE, FL 320843681 ST AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

29 CUNA STREET 11 CINCINNATI AVE.

ST AUGUSTINE, FL 320843681 ST AUGUSTINE, FL 32084

FEI Number: 58-2482975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRACKETT, ROBERT R
29 CUNA STREET
BRACKETT, ROBERT R
11 CINCINNATI AVE.

ST AUGUSTINE, FL 320843681 US ST AUGUSTINE, FL 32084 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: ROBERT BRACKETT 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PCD () Delete

 Name:
 BRACKETT, ROBERT R

 Address:
 29 CUNA STREET

 City-St-Zip:
 ST AUGUSTINE, FL

 Title:
 VSD () Delete

 Name:
 BRACKETT, SHERRI W

 Address:
 29 CUNA STREET

 City-St-Zip:
 ST AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: BRACKETT, ROBERT R
Addrese: 11 CINICININATI AVE

Address: 11 CINCINNATI AVE.
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VSD (X) Change () Addition

Name: BRACKETT, SHERRI W
Address: 11 CINCINNATI AVE.
City-St-Zip: ST AUGUSTINE, FL 32084

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: ROBERT BRACKETT PCD 04/26/2007