## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005342

Entity Name: BOTTLING ENTERPRISES MANAGEMENT INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
2500 WINDY RIDGE PARKWAY, 9TH FLOOR ATLANTA, GA 30339								
Current Mailing Address:				New Mailing Address:				
2500 WINDY RIDGE PARKWAY, 9TH FLOOR ATLANTA, GA 30339				599 LAKE KATHY DR ATTN: REAGAN CATOZZI BRANDON, FL 33510				
FEI Number:	FEI Number: 58-2357983 FEI Number Applied For ( ) FEI Number		FEI Num	nber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:								
	Electronic	Signature of Registered Agent	İ			Date		
Election Campaign Financing Trust Fund Contribution ( ).								
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () E BROCK, JOHN F 2500 WINDY RID ATLANTA, GA 30			Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	n	
Title: Name: Address: City-St-Zip:	EVD () D PALMER, VICKI F 2500 WINDY RID ATLANTA, GA 30	GE PARKWAY		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	n	
Title: Name: Address: City-St-Zip:	VS () D BISHOP, LISTON 2500 WINDY RID ATLANTA, GA 30	GE PARKWAY		Title: Name: Address: City-St-Zip:	PLYBON, WILL	IDGE PARKWAY	n	
Title: Name: Address: City-St-Zip:	VT () C KING-LAVINDER, 2500 WINDY RID ATLANTA, GA 30	GE PARKWAY		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	n	
Title: Name: Address: City-St-Zip:	V () C OLIVER, H. LYNN 2500 WINDY RID ATLANTA, GA 30	GE PARKWAY		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	n	
Title: Name: Address: City-St-Zip:	DOUGLAS, WILL	GE PARKWAY, 9TH FLOOR		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	n	

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: CLARE D BOYCE SA 04/29/2008