2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000059

Entity Name: BRUEGGER'S ENTERPRISES, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: 159 BANK ST.			New Principal Place of Business:		
BURLINGTON, VT 05401					
Current Mailing Address:			New Mailing Address:		
159 BANK ST. BURLINGTON, VT 05401					
FEI Number: 20-0081464 FEI Number Applied For () FEI Number		nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITION				S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () E GRECO, JAMES 159 BANK ST. BURLINGTON, V	Delete	Title: Name: Address: City-St-Zip:	DCEO (X) Change () Addition GRECO, JAMES 159 BANK ST. BURLINGTON, VT 05401	
Title: Name: Address: City-St-Zip:	P () C AUSTIN, DAVID 159 BANK ST. BURLINGTON, V	Delete □ 05401	Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition AUSTIN, DAVID 159 BANK ST. BURLINGTON, VT 05401	
Title: Name: Address: City-St-Zip:	VTS () E PARETTE, ROBE 159 BANK ST. BURLINGTON, V		Title: Name: Address: City-St-Zip:	ASEC (X) Change () Addition COLES, MARK 159 BANK ST. BURLINGTON, VT 05401	
Title: Name: Address: City-St-Zip:	V ()E TERRY, CLAREN 5200 TOWN CEN BOCA RATON, FI	ICE E ITER CIRCLE, SUITE 470	Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition ARCHAMBAULT, MIKE 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486	
Title: Name: Address: City-St-Zip:	KING, T. SCOTT	Delete ITER CIR. SUITE 470 L 33486	Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition METZ, CHRIS 5200 TOWN CENTER CIR. SUITE 470 BOCA RATON, FL 33486	
Title: Name: Address: City-St-Zip:	CALHOUN, KEVII	ITER CIR. SUITE 470	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: MARK R. COLES ASEC 04/16/2008