

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000032

FILED  
Jul 08, 2010  
Secretary of State

Entity Name: EAST COAST WAFFLES, INC.

**Current Principal Place of Business:**

5986 FINANCIAL DRIVE  
NORCROSS, GA 30071

**New Principal Place of Business:**

**Current Mailing Address:**

5986 FINANCIAL DRIVE  
NORCROSS, GA 30071

**New Mailing Address:**

FEI Number: 26-3911532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR SRE 4  
WESTON, FL 33331 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GREESON, RICK  
Address: 5986 FINANCIAL DRIVE  
City-St-Zip: NORCROSS, GA 30071

Title: VP  
Name: KRAFT, KIM  
Address: 5986 FINANCIAL DRIVE  
City-St-Zip: NORCROSS, GA 30071

Title: S  
Name: WALLER, JON  
Address: 5986 FINANCIAL DRIVE  
City-St-Zip: NORCROSS, GA 30071

Title: T  
Name: MOORE, ROBERT  
Address: 5986 FINANCIAL DRIVE  
City-St-Zip: NORCROSS, GA 30071

I hereby 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 all other like empowered.

SIGNATURE: ROBERT G MOORE

T

07/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date