2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 06, 2008 8:00 am Secretary of State DOCUMENT # F34637 1. Entity Name 05-06-2008 90030 001 ***150.00 ALL AMERICAN FOOD EQUIPMENT SYSTEMS, INC. Principal Place of Business Mailing Address 4459 HOLDEN RD LAKELAND FL 33811 4459 HOLDEN RD LAKELAND FL 33811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2821 Winter Lak 2821 Wintercake Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-2364280 Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) BLANTON, J. ROGER 4459 HOLDEN RD LAKELAND FL 33811 akeland 8. The above named entity submitted 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, typed or prigratinable of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstitling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be S550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CPD ☐ Delete TITLE ☐ Change Addition MARAF BLANTON, J. ROGER NAME STREET ADDRESS 1722 BROKENARROW TR. N. STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BLANTON, RICHARD H NAME STREET ADDRESS 828 PARK LANE STREET ADDRESS CITY-ST-ZIP MADISON GA 30650 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nne ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOTALE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is 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 trustee empowered to execute this peport as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 of the corporation or the recei if changed, or on an attachny

OFFICER OR DIRECTOR

FILED