2008 FOR PROFIT CORPORATION

Mar 31, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # F97000003106** 03-31-2008 90003 022 ***158.75 1. Entity Name **BOOTH'S BARN, INC.** Mailing Address Principal Place of Business 983 LAGOON DRIVE PO B02126 OVIEDO, FL 32765 OVIEDO, FL 32762 01122008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 23-1846287 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BOOTH, KENNETH E JR** DO NOT WRITE 983 LAGOON DRIVE OVIEDO, FL 32765 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BOOTH, KENNETH E JR NAME 983 LAGOON DRIVE STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32465 TITLE **OTV** BOOTH, HEATHER B NAME 983 LAGOON DRIVE STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 TITLE BOOTH, KENNETH C 983 LAGOON DRIVE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP OVIEDO, FL 32765 IN THIS SPACE TITLE ALTIZER, NOEL B STREET ADDRESS 983 LAGOON DRIVE OV!EDO, FL 32765 CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

ENNETh E. Booth JR.

FILED