2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 10, 2007 08:00 Al Secretary of State DOCUMENT # H11047 1. Entity Namo JULIETTE'S CORNUCOPIA COMPANY Principal Place of Business Mailing Address 30 SEMINOLE RD. 30 SEMINOLE RD. ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 2. Principal Placo of Business - No P.O Box # 3. Mailing Address Suite Apt # etc. Suite Apt #, etc 1st MOORE CR2E034 (10/06) 4. FEI Numbor City & State City & Stato Applied For 59-2425327 Not Applicable Zip Country 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 Name HAGIST, JULIETTE 1763 PARK TERRACE EAST Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BEACH FL 32233 City 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Sonature. Noted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. U00000698887 Change TIFLE Addition TITLE Delete HAGIST, JULIETTE NAME NAME 04/19/07-80020-010 150.00 1763 PARK TERRACE EAST STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 32233 CHY-SI-7IP CHY-SI-ZIP ST Delete nnr Change Addition HAGIST, JULIETTE NAMI NAME 1763 PARK TERRACE EAST STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-ZIP CITY-ST-ZIP 1010 Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7(P CITY-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 eath; 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, with all other like ompowered.

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