


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 08:00 AM
Secretary of State

DOCUMENT # H64219 1. Entity Name JOAN'S CATERING, INC.	
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Principal Place of Business 4115 A HENDERSON BLVD. TAMPA, FL 33629	Mailing Address 4115 A HENDERSON BLVD. TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

BLUM, COURTNEY M
9691 2ND STREET NORTH
SAINT PETERSBURG, FL 33702

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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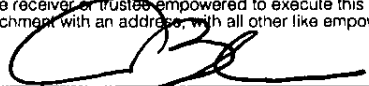
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUM, COURTNEY M 9691 2ND STREET NORTH SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLUM, AARON 9691 2ND ST NORTH SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MICKIEWICZ, CHRISTOPHER 3622 RENELLIE DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BAGULHO, JOSE V 6214 S. JONES ROAD TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/04/08-80068-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:  **Aaron Blum** **5/7/08 (813) 837-4420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #