2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# K47730

Entity Name: AMELIA'S RESTAURANT, INC.

Current Principal Place of Business:

% BRYAN SIMPSON, JR.
1061 RIVERSIDE AVE., 2ND FLOOR
JACKSONVILLE, FL 322044133

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1496
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 59-3030450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMPSON, BRYAN JR.
1061 RIVERSIDE AVENUE
2ND FLOOR
JACKSONVILLE FL, FL 32204 US

Name and Address of New Registered Agent:

SIMPSON, BRYAN JR.
1061 RIVERSIDE AVENUE
2ND FLOOR
JACKSONVILLE, FL 32204 US

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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIMPSON, BRYAN JR
Address: 1061 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: SURFACE, J. FRANK
Address: 50 N. LAURA ST., SUITE 2800
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: CARTER, C. BRETT
Address: 1935 SYCAMORE LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: FISHER, ROBERT
Address: 1935 SYCAMORE LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FISHER, ROBERT P
Address: 1935 SYCAMORE LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT P. FISHER D 04/28/2009
Electronic Signature of Signing Officer or Director — Date