

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# K73721

Entity Name: BUD 'N DEE, INC.

**FILED**  
**Aug 21, 2007**  
**Secretary of State****Current Principal Place of Business:**10004 N. DALE MABRY  
SUITE 102  
TAMPA, FL 33618**New Principal Place of Business:****Current Mailing Address:**8907 FOX TRAIL  
TAMPA, FL 33626**New Mailing Address:**5341 WINHAWK WAY  
LUTZ, FL 33558

FEI Number: 59-2938554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**SCHNEIDER, GERARD M.  
8907 FOX TRAIL  
TAMPA, FL 33626 US**Name and Address of New Registered Agent:**GOODRICH, KRISTA LEE  
5341 WINHAWK WAY  
LUTZ, FL 33558 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: KRISTA LEE GOODRICH

08/21/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: VD ( ) Delete  
Name: SCHNEIDER, GERARD M  
Address: 8907 FOX TRAIL  
City-St-Zip: TAMPA, FL 33626Title: PSTD ( ) Delete  
Name: SCHNEIDER, DELORES M.  
Address: 8907 FOX TRAIL  
City-St-Zip: TAMPA, FL 33626Title: D ( ) Delete  
Name: GOODRICH, KRISTA L  
Address: 5341 WINDHAWK WAY  
City-St-Zip: LUTZ, FL 33558Title: D ( ) Delete  
Name: SCHNEIDER, MICHAEL H  
Address: 2851 AUGUSTA DR  
City-St-Zip: COMMERCE TOWNSHIP, MI 48382**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change ( ) Addition  
Name: GOODRICH, KRISTA L  
Address: 5341 WINHAWK WAY  
City-St-Zip: LUTZ, FL 33558Title: TREA (X) Change ( ) Addition  
Name: GOODRICH, KRISTA L  
Address: 5341 WINHAWK WAY  
City-St-Zip: LUTZ, FL 33558Title: SECR (X) Change ( ) Addition  
Name: GOODRICH, BRIAN L  
Address: 5341 WINDHAWK WAY  
City-St-Zip: LUTZ, FL 33558Title: VP (X) Change ( ) Addition  
Name: SCHNEIDER, MICHAEL H  
Address: 2851 AUGUSTA DR  
City-St-Zip: COMMERCE TOWNSHIP, MI 48382

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: KRISTA LEE GOODRICH

PRES

08/21/2007

Electronic Signature of Signing Officer or Director

Date