## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K73721

FILED Jul 23, 2008 Secretary of State

Entity Na	me: BUD'N	DEE, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
10004 N. DALE MABRY SUITE 102 TAMPA, FL 33618			5341 WINHAWK WAY LUTZ, FL 33558				
Current Mailing Address:			New Mailing Address:				
5341 WINI LUTZ, FL	HAWK WAY 33558						
FEI Number	: 59-2938554	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desi	ired ( )	
Name and	d Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	CH, KRISTA L HAWK WAY 33558 US						
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered off	ïce or registered agen	it, or both,	
SIGNATU	RE:						
	Electro	onic Signature of Registered Ag	ent		Date		
Election Ca	mpaign Financi	ng Trust Fund Contribution ( ).					
OFFICER	S AND DIRE	CTORS:	ADDITION	IS/CHANGES T	O OFFICERS AND D	IRECTORS:	
Title: Name: Address: City-St-Zip:	PRES ( GOODRICH, 5341 WINHAY LUTZ, FL 33	WK WAY	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TREA ( GOODRICH, 5341 WINHAY LUTZ, FL 33	WK WAY	Title: Name: Address: City-St-Zip:	TREA (X) 0 GOODRICH, BRI 5341 WINHAWK LUTZ, FL 33558	WAY		
Title: Name: Address: City-St-Zip:	SECR ( GOODRICH, 5341 WINDH, LUTZ, FL 33	AWK WAY	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title:	VP (	X) Delete	Title:	( ) (	Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN L. GOODRICH **TREA** 07/23/2008

SCHNEIDER, MICHAEL H

COMMERCE TOWNSHIP, MI 48382

2851 AUGUSTA DR

Name:

Address:

City-St-Zip: