2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M97697

FILED Apr 30, 2008 Secretary of State

Entity Name: HOG'S BREATH SALOON OF KEY WEST, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	IT STREET T, FL 33040	US		
Current Mailing Address:			New Mailing Address:	
541 HARB DESTIN, F		S		
FEI Number:	: 65-0071732	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
	HARLES IT STREET T, FL 33040	US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUR				
Elastion Cor		nic Signature of Registered Age	ent	Date
Election Car	npaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (DORMINY, SHI 541 HARBOR E DESTIN, FL 32	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	M (MIILLE, KELLY 541 HARBOR E DESTIN, FL 32	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SEC (WOODS, SHEF 541 HARBOR E DESTIN, FL 32	BLVD	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: SHERRY DORMINY PRES 04/30/2008