2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003316

Entity Name: FLORIDA CRACKER STYLE, INC.

FILED May 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

225 BRY LYNN DRIVE 2441 VERMONT STREET

WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904

Current Mailing Address: New Mailing Address:

225 BRY LYNN DRIVE 2441 VERMONT STREET

WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904

FEI Number: 01-0612465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEMETH, NANCY NEMETH, NANCY

225 BRY LYNN DRIVE 2441 VERMONT STREET

WEST MELBOURNE, FL 32904 US WEST MELBOURNE, FL 32904 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: 05/29/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PTSD () Delete Title: PTSD (X) Change () Addition

Name: NEMETH, NANCY
Address: 225 BRY LYNN DRIVE
Name: NEMETH, NANCY
Address: 2441 VERMONT STREET

City-St-Zip: WEST MELBOURNE, FL 32904 City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete Title: D (X) Change () Addition Name: KOHFELDT, CYNDRG Name: KOHFELDT, CYNDRG

 Address:
 225 DRY LYNN DR.
 Address:
 2441 VERMONT STREET

 City-St-Zip:
 MELBOURNE, FL 32904
 City-St-Zip:
 MELBOURNE, FL 32904

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 KOHFELDT, KAYLEE
 Name:
 KOHFELDT, KAYLEE

 Address:
 225 BRY LYNN DR.
 Address:
 2441 VERMONT STREET

 City-St-Zip:
 MELBOURNE, FL 32904
 City-St-Zip:
 MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY NEMETH DIR 05/29/2005

Electronic Signature of Signing Officer or Director

Date