2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

| | 71111474 11 | EPORT (AK) | <u> </u> | Apr 26, 2006 08:00 AM |
|---|---|---|---------------------------------------|--|
| DOCUM 1. Entity Name | MENT # N12229 | MvTvy | | Secretary of State |
| JOSEPH'S | CUPBEARERS INTERNAT | IONAL, INC. | | |
| Principal Place | a of Business | Mailing Address | | |
| 600 BYPASS DRIVE, STE. 210 CLEARWATER FL 33764 US | | 600 BYPASS DRIVE, STE. 210 CLEARWATER FL 33764 US | | |
| 2. Principal Pi | ace of Business | 3. Mailing Address | | (Elitaria may 1) and state at the control and the control and a control at the |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | | 1st MOORE CR2E037 (10/05) |
| City & State | | City & State | | 4. FEI Number Applied For 59-2648957 Not Applied: |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent |
| BAD | GER, BERKLEY C | | Name Street A | address (P.O. Box Number is Not Acceptable) |
| 600 | BYPÁSS DRIVE, STE. 210 ARWATER FL 33764 | | | |
| | | | City | Zip Code |
| | named entity submits this statement from of registered agent. | or the purpose of changing its | registered office of | or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE _ | Signature, typed or printed name of registered agen | s and title il applicable (NOT | E: Registered Agent signe | furnitequited when remstating) DATE |
| | FILE NOW: FEE IS \$61,25 Due By May 1, 2006 | 9. Election Car | npaign Financing Contribution, | \$5.00 May Be Make Check Payable to Florida Department of State |
| 10. | OFFICERS AND D | RECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| { | DPC | ☐ Delete | TITLE | ☐ Change ☐ Additio |
| STREET ADDRESS | PASCO, MILTON 2942 DREW ST #1517 CLEARWATER FL 33759 | - | NAME STREET ADDRESS CITY ST-ZIP | U00000534240 05/08/06-80004-009 61.25 |
| | DV | ☐ Delete | TITLE | Change Addition |
| | BROWNE, BOB | | NAME | |
| .) | 1055 CHARLES ST CLEARWATER FL 33755 | | STREET ADDRESS CITY-ST-ZIP | |
| | MGRM | ☐ Delete | TITLE | ☐ Change ☐ Addillo |
| NAME | MORGAN, CLAYTE | | NAME | |
| | 1055 CHARLES ST | | STREET ADORESS CITY-ST-ZIP | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | | | ☐ Change ☐ Additio |
| NAME | WARD, ROBERT | ☐ Delete | TIFLE NAME | Comple C Appleo |
| STREET ADDRESS | 12110 HAZEN AVE | | STREET ADDRESS | |
| City-St-zip | THONOTOSASSA FL 33592 | | CHY-SI-ZIP | |
| TITLE NAME | | Delete | THTLE NAME | Change Adultio |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | Oelele | HUTE | Cliange Additio |
| NAME | | | NAME | |
| STREET ADDRESS CITY-SI-ZIP | | | STREET ADDRESS CITY-ST-ZIP | |
| 12. I hereby o | as this raport or supplemental tenner | in true and anoughts and that | for the exemptions | contained in Section 119, Florida Statutes, I further certify that the information have the same legal effect as if made under oath; that I am an officer or director thapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 |

FILED