2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19260

FILED Mar 24, 2011 Secretary of State

Entity Name: LOAVES & FISHES, INC.

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

C/O MELANIE MILLS 206 E 8 STREET

206 E 8 STREET APOPKA, FL 32703 US APOPKA, FL 32703 US

Current Mailing Address: New Mailing Address:

C/O MELANIE MILLS 206 E 8 STREET

206 E 8 STREET APOPKA, FL 32703 US APOPKA, FL 32703 US

FEI Number: 59-2792540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILLS, MELANIE

206 E 8 STREET

APOPKA, FL 32703 US

VALIENTE, KAREN

13106 LAKEWIND DR

CLERMONT, FL 34711 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: JEFF LAREAU FOR KAREN VALIENTE 03/24/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: AD

Name: REEVES, LORY
Address: 703 BLUE LAKE DR
City-St-Zip: LONGWOOD, FL 32779

Title: D

Name: VALIENTE, KAREN
Address: 13106 LAKEWIND DR
City-St-Zip: CLERMONT, FL 34711

Title: T

Name: RACHIELE, DINO
Address: 74 WEST 2ND ST
City-St-Zip: APOPKA, FL 32703

Title: F

 Name:
 JIM FISCHER

 Address:
 2470 ISLAND DR.

 City-St-Zip:
 LONGWOOD, FL 32779

Title: VP

 Name:
 USTLER, NORMAN

 Address:
 234 W. MAGNOLIA ST.

 City-St-Zip:
 APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: JEFF LAREAU FOR KAREN VALIENTE P 03/24/2011