2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Apr 22, 2008 DOCUMENT# N39088 Secretary of State

Entity Name: FLORIDA RESTAURANT PURCHASING GROUP, INC.

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

3101 DOWNING ST

CLEARWATER, FL 33759 US

Current Mailing Address: New Mailing Address:

P.O. BOX 336

US SAFETY HARBOR, FL 34695

FEI Number: 59-3031530 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:

PAPPAS, GEORGE G ESQ 1822 NORTH BELCHER ROAD SUITE 200 CLEARWATER, FL 33765 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KOKKINAKOS, LOUIE KOUTSOS, JAMES Name: Name: 2076 SEMINOLE BLVD Address: 6121 MASSACHUSETTES AVENUE Address: City-St-Zip: LARGO, FL 33778 City-St-Zip: NEW PORT RICHEY, FL 34653 Title: DS Title: () Change () Addition

() Delete PETELAS, JOHN Name: Name: Address: 11775 SEMINOLE BLVE Address: City-St-Zip: SEMINOLE, FL 33778 City-St-Zip:

Title: () Delete Title: () Change () Addition

RETSOS, PETER Name: Name: 914 S PINELLAS AVE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip:

Title: () Delete Title: () Change () Addition

INTZES, NICK Name: Name: Address: 1844 N HIGHLAND AVE Address: City-St-Zip: CLEARWATER, FL 33765 US City-St-Zip:

Title: () Delete Title: () Change () Addition

STAVRAKOS, PETER Name: Name: 6552 SUNSET POINT DR Address: Address: City-St-Zip: CLEARWATER, FL City-St-Zip:

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

KOUTSOS, JAMES Name: Name: Address: 6121 MASSACHUSETTES AVE Address: NEW PORT RICHEY, FL 34653 City-St-Zip: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PETELAS DS 04/22/2008