

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000043760

Entity Name: BUBBALOU'S NO. 2, INC.

FILED
Aug 20, 2009
Secretary of State**Current Principal Place of Business:**1049 E ALTAMONTE DR.
ALTAMONTE SPRINGS, FL 32701**New Principal Place of Business:****Current Mailing Address:**1049 E ALTAMONTE DR.
ALTAMONTE SPRINGS, FL 32701**New Mailing Address:**

FEI Number: 59-3715214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:NEUKAMM, MICHAEL E
301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**DAVIS, BRADLEY J
755 RINEHART RD
SUITE 150
LAKE MARY, FL 32746 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: BRADLEY J. DAVIS

08/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DST () Delete
Name: BOWERS, PAULA
Address: 219 RIPPLING LANE
City-St-Zip: WINTER PARK, FL 32789Title: DP () Delete
Name: WESTON, ALFRED S
Address: 1171 AUDOBON WAY
City-St-Zip: MAITLAND, FL 32751Title: DV () Delete
Name: WHEELER, CLARENCE
Address: 5720 PADGETT CIRCLE
City-St-Zip: ORLANDO, FL 32839Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: BOWERS, PAULA
Address: 219 RIPPLING LANE
City-St-Zip: WINTER PARK, FL 32789Title: DVST (X) Change () Addition
Name: MEINER, SAM
Address: 6319 GIBSON DR
City-St-Zip: ORLANDO, FL 32809Title: DP (X) Change () Addition
Name: WHEELER, CLARENCE
Address: 5720 PADGETT CIRCLE
City-St-Zip: ORLANDO, FL 32839Title: D () Change (X) Addition
Name: MEINER, ELEANOR
Address: 6319 GIBSON DR.
City-St-Zip: ORLANDO, FL 32809Title: D () Change (X) Addition
Name: NETTLES, MEREDITH
Address: 211 N. LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

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: SAM MEINER

DV

08/20/2009

Electronic Signature of Signing Officer or Director

Date