2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000063958

Entity Name: BANANA MANNA, INC.

Current Principal Place of Business:

27268 BARBAROSSA STREET
BONITA SPRINGS, FL 3413

New Principal Place of Business:

306 HARVARD RD.
ST. AUGUSTINE, FL 32086

Current Mailing Address:

27268 BARBAROSSA STREET
BONITA SPRINGS, FL 3413

New Mailing Address:

306 HARVARD RD.
ST. AUGUSTINE, FL 32086

FEI Number: 59-3727942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALY, RONALD L
27268 BARBAROSSA STREET
BONITA SPRINGS, FL 3413

Name and Address of New Registered Agent:

GALY, RONALD L
306 HARVARD RD.
ST. AUGUSTINE, FL 32086

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: 03/14/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD ( ) Change (X) Addition
Name: GALY, PATRICIA L
Address: 306 HARVARD RD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: PD ( ) Change (X) Addition
Name: GALY, RONALD L
Address: 306 HARVARD RD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VD ( ) Change (X) Addition
Name: BYERS, DAVID T
Address: 62 PHOENETIA DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SD ( ) Change (X) Addition
Name: BYERS, LISA M
Address: 62 PHOENETIA DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

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

SIGNATURE: RONALD L. GALY PD 03/14/2002
Electronic Signature of Signing Officer or Director — Date