2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# P02000004737

Entity Name: SNOEDEL, INC.

Current Principal Place of Business:

4200 WOOD HAVEN DRIVE
MELBOURNE, FL 32935

New Principal Place of Business:

241 WATERSIDE DRIVE
SATELLITE BEACH, FL 32937

Current Mailing Address:

SNOEDEL, INC
4200 WOOD HAVEN DRIVE
MELBOURNE, FL 32935

New Mailing Address:

SNOEDEL, INC
241 WATERSIDE DRIVE
SATELLITE BEACH, FL 32937

FEI Number: 01-0572157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HAW, SHARON
Address: 135 COUNTRY WOOD PLACE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete
Name: CHANDLER, SANDY
Address: 4200 WOOD HAVEN DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: MAZZOCCHI, MARIA
Address: 11 SPINAKER POINT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D ( ) Delete
Name: KIRKLAND, HELEN
Address: 650 HIBISCUS DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MAZZOCCHI, MARIA
Address: 241 WATERSIDE DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Change ( ) Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA MAZZOCCHI CFO 03/27/2008

Electronic Signature of Signing Officer or Director — Date