2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047304

Entity Name: OKLAWAHA LIQOURS INC

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13520 EAST HWY 25 13520 EAST HWY 25 P.O.BOX 1010 OCKLAWAHA, FL 32179 OKLAWAHA, FL 32183 **Current Mailing Address: New Mailing Address:** 13520 EAST HWY 25 13520 EAST HWY 25 P.O.BOX 1010 P.O. BOX 1010 OKLAWAHA, FL 32183 OCKLAWAHA, FL 32179 FEI Number: 82-0563909 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: RUPNARAIN, MUNIE R RUPNARAIN, MUNIE R 9982 HWY 464C 9982 SE HWY 464C OKLAWAHA, FL 32179 US US OCKLAWAHA, FL 32179 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: MUNIE RUPNARAIN 04/30/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RUPNARAIN, MUNIE R Name: Name: 9982 HWY 464C Address: Address: City-St-Zip: OKLAWAHA, FL 32179 City-St-Zip: Title: Title: VΡ (X) Change () Addition () Delete TULSIDEI, RUPNARAIN Name: Name: RUPNARAIN, HEMA 9982 HWY 464C 9982 HWY 464C Address: Address: OKLAWAHA, FL 32179 OKLAWAHA, FL 32179 City-St-Zip: City-St-Zip: () Delete Title: () Change (X) Addition Title: Name: RUPNARAIN, TULSIDEI Name: 9982 SE HWY 464C Address: Address: City-St-Zip: City-St-Zip: OCKLAWAHA, FL 32179

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: MUNIE RUPNARAIN P 04/30/2007