## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000130835

FILED May 09, 2006 Secretary of State

Entity Name: OUR PLACE SALOON, INC. **Current Principal Place of Business: New Principal Place of Business:** 6815 RIVEREDGE DR. TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** 2160 ALEXANDER DR 6815 RIVEREDGE DR. TITUSVILLE, FL 32796 TITUSVILLE, FL 32780 FEI Number: 01-0758869 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: KELLISON, LAWRENCE N 2160 ALEXANDER DRIVE TITUSVILLE, FL 32796 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change ( ) Addition KELLISON, LAWRENCE N KELLISON, JAMES A Name: Name: 2160 ALEXANDER DRIVE 225 JABLO AVE. Address: Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip: COCOA, FL 32927 Title: Title: () Delete (X) Change ( ) Addition KELLISON, BETTY J Name: Name: KELLISON, LINDA P 2160 ALEXANDER DRIVE 225 JABLO AVE. Address: Address: TITUSVILLE, FL 32796 COCOA, FL 32927 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition KELLISON, LINDA P Name: Name: 225 JARLO AVE Address: Address: City-St-Zip: COCOA, FL 32927 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES KELLISON D 05/09/2006