2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# P03000094969

Entity Name: POWER TRIP BEVERAGES, INC.

Current Principal Place of Business:

19420 NW 4TH CT.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

12401 ORANGE DRIVE
SUITE # 205
DAVIE, FL 33330

Current Mailing Address:

19420 NW 4TH CT.
PEMBROKE PINES, FL 33029

New Mailing Address:

12401 ORANGE DRIVE
SUITE # 205
DAVIE, FL 33330

FEI Number: 32-0111389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STUART, DOUGLAS E
19420 NW 4TH CT.
PEMBROKE PINES, FL 33029 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: PD ( ) Delete
Name: STUART, DOUGLAS E
Address: 19420 NW 4TH CT.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: RUDOFF, GERALD A
Address: 13255 SW 98 PL
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: RUTTENBERG, HARVEY
Address: 19420 NW 4TH CT.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: CARNERO, JORGE
Address: 15440 SW 158TH ST.
City-St-Zip: MIAMI, FL 33187

Title: S ( ) Delete
Name: STUART, SHELLEY
Address: 19420 NW 4TH CT.
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DOUGLAS E STUART PD 04/27/2008

Electronic Signature of Signing Officer or Director — Date