2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2008 8:00 am Secretary of State DOCUMENT # P04000085082 05-01-2008 90190 034 ***150.00 W.H. BREADING & SON (FLORIDA), INC. Principal Place of Business Mailing Address 60036041 1135 PASADENA AVE S. 1135 PASADENA AVE S. #208 #208 SAINT PETERSBURG, FL 33707 SAINT PETERSBURG, FL 33707 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 530H ISE AVE D Suite, Apt. #, etc. 5304 IST AV D Suite, Apt. #, etc. 04092008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number ST PETERSBURG FL SE PETERSBORG 05-0607018 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33710 33710 42 U OSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREADING KEITH JAMES BREADING, KEITH JAMES Street Address (P.O. Box Number is Not Acceptable) 1133 PASEDENA AV S #208 SAINT PETERSBURG, FL 33707 CHYST PETERS BURG Zip Code 8. The above named exits submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of reetered agent KEITH J BREAD, NO 80 PO.80 SIGNATURE vped or profidil name of registered age eddeorloge ir eliq bas (NOTE Registered Agent segnature tempered when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. nne Addition Delete HILE Change BREADING, KEITH J HAME NAME STREET ADDRESS 6226 PASADENA POINT BLVD SOUTH STREET ALKARESS SAINT PETERSBURG, FL 33707 UNIX-SI-ZIP CHEY SE- 78 HTE Delete Title C ☐ Change ☐ Addition BREADING, LENA DOREEN NAMi NAM: 6226 PASADENA POINT BLVD SOUTH STREET AUDRESS STREET ADDRESS 017-SI-70 SAINT PETERSBURG, FL 33707 CITY ST-JAP HILE Delete ☐ Channe ☐ Addition TITLE MOBAL! NEARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- 2P ☐ Delete HILE HILE ☐ Change ☐ Addition MAME NAME STREET AUDRECS STREET ALKOHESO CLTY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET MARKSS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Detete HILE ☐ Change ☐ Addition NAME: NAME STREET AUGUECU CIRELL MORESS GTY-ST-7/P CITY-SF-77P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 of trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my oddress, with all other like empowered. 727 341 6007 SIGNATURE: BREAD , NO 04.09 08. SIGNATURE AND TYPED OR PRINTED NAME OF SIGN OFFICER OR DIRECTOR Saviete Flore 6

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