2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000110879 FILED Sep 19, 2008 08:00 AM Secretary of State THE SPECKLED BUTTERBEAN, INC. Principal Place of Business Mailing Address 7017 SE 10TH STREET 7017 SE 10TH STREET BUSHNELL, FL 33513 BUSHNELL, FL 33513 07162008 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0819017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CREACH, NATHAN DO NOT WRITE 7017 SE 10TH STREET BUSHNELL, FL 33513 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE CREACH, NATHAN NAME STREET ADDRESS 7017 SE 10TH STREET U00000959924 BUSHNELL, FL 33513 CITY-ST-ZIP 09/19/08-80001-014 150.00 TITLE NAME CREACH, PATRICIA 7017 SE 10TH STREET STREET ADDRESS CITY-ST-ZIP BUSHNELL, FL 33513 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the composition of the com

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP