2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# P04000127300

Entity Name: KICKIN' TICKETS, INC.

Current Principal Place of Business:

2558 KNOTTY PINE WAY
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2519 MCMULLEN BOOTH RD
510-205
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 20-1610464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

IMBURGIA, MARY
2558 KNOTTY PINE WAY
CLEARWATER, FL 33761 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:	D	( ) Delete
Name:	IMBURGIA, ADAM	
Address:	3588 ROLLING TRAIL	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	D	( ) Delete
Name:	IMBURGIA, DANIELLE	
Address:	3588 ROLLING TRAIL	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	D	( ) Delete
Name:	IMBURGIA, MARY	
Address:	2558 KNOTTY PINE WAY	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	IMBURGIA, PETER	
Address:	2558 KNOTTY PINE WAY	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	DP	( ) Delete
Name:	IMBURGIA, ADAM	
Address:	3588 ROLLING TR	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	DVP	( ) Delete
Name:	IMBURGIA, DANIELLE	
Address:	3588 ROLLING TR	
City-St-Zip:	PALM HARBOR, FL 34684	

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:	
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: MARY IMBURGIA D 04/13/2008

Electronic Signature of Signing Officer or Director — Date