2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 25, 2008 8:00 am **Secretary of State** DOCUMENT # P04000148723 01-25-2008 90031 017 ***150.00 A MOVEABLE FEAST OF LONGBOAT, INC. Principal Place of Business Mailing Address 40010300 6830 GULF OF MEXICO DR 6830 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 11-3731155 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Christofer M. Dale SUZOR, JASON Street Address (P.O. Box Number is Not Acceptable) 540 67TH STREET HOLMES BEACH, FL 34217 2100 AVENUE B Zip Code 34217 Bradenton Beach 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 pagistered agent. President 100% Shoreholder SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE Delete TITLE Change ☐ Addition Christofee m Dale NAME SUZOR, JASON NAME STREET ADDRESS 540 67TH STREET STREET ADDRESS ZIOO AVE B HOLMES BEACH, FL 34217 Bradenton Beach, FL 34217 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TETLE ☐ Change ☐ Addition SUZOR, LEAH NAME NAME STREET ADDRESS 540 67TH STREET STREET ADDRESS CITY-ST-ZIP HOLMES BEACH, FL 34217 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Knton Beach, F CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition FITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY_ST-7P TETLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 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 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 with all other like empowered.

RE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED