2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017383

Address:

City-St-Zip:

207 FLAGLER CT.

ST. CLOUD, FL 34769

Entity Name: CRACKER HOUSE SALOON, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2769 IRLO BRONSON MEM HWY. KISSIMMEE, FL 34744 **Current Mailing Address: New Mailing Address:** PO BOX 700335 SAINT CLOUD, FL 34770 FEI Number: 20-2277276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARINO I, RICHARD J 207 FLAGLER CT. SAINT CLOUD, FL 34769 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition EVERETT, HARRY M Name: Name: 4335 BOGGY CREEK RD. Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KILMER, SCOTT D Name: 4151 O'BERRY ROAD Address: Address: KISSIMMEE, FL 34746 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition KILMER, TRACY M Name: Name: 4151 O'BERRY ROAD Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: PVD () Delete Title: () Change () Addition MARINO, RICHARD J I Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: RICHARD MARINO RA 05/01/2006