2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR F

FILED Feb 19, 2008 08:00 AM Secretary of State DOCUMENT # P05000030212 1. Entity Name BUNN DISCOUNT BEVERAGE, INC. Principal Place of Business Mailing Address 4289 CR 218 - UNIT 101 4289 CR 218 - UNIT 101 MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 2. Principal Piace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 30-0301376 Not Applicable Zip Country Z:p 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 CHEN, BUNNARY Street Address (P.O. Box Number is Not Acceptable) 4289 CR 218 - UNIT 101 MIDDLEBURG FL 32068 City Zip Code 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 preced hams of registered agent and the it implication (NOTE: Registered Ager Leignoture required when reinstating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HODOODRASSER Change TITLE TITLE. Delete CHEN, BUNNARY 02/27/08-80065-805 150.00 NAME NAME STREET ADDRESS 4289 CR 218 - UNIT 101 STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZiP CITY-ST-7IP TITLE ☐ Derete TITLE Change Addition NAME HAME STREET ACCRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE De ete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Derete THILE ☐ Change NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Deiele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

2-14.08 (904)406 4510