2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000074875

Entity Name: DURBIN BAR-B-Q, INC.

FILED May 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14975 OLD ST. AUGUSTINE RD 14985 OLD ST. AUGUSTINE RD

SUITE #108 SUITE 108

JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258

Current Mailing Address: New Mailing Address:

4745 SUTTON PARK COURT STE 301 8460 DUPREE ROAD JACKSONVILLE, FL 32224 MACCLENNY, FL 32063

FEI Number: 20-3035378 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:

MILLS, JAMES W JR

4745 SUTTON PARK CT
SUITE 301

CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200

JACKSONVILLE 9, FL 32082 US JACKSONVILLE, FL 32202 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: G. RAY DRIVER, JR., P 05/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: DPT (X) Change () Addition

 Name:
 MILLS, JAMES W JR
 Name:
 COLE, MELISSA C

 Address:
 101 CANNON CT
 Address:
 8460 DUPREE ROAD

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: MACCLENNY, FL 32063

Title: VPST () Delete Title: DVS (X) Change () Addition Name: MILLS. YOLANDA H Name: COLE, DOUGLAS F

Address: 100 KINGFISHER DR Address: 8460 DUPREE ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Delete Title: () Change () Addition

 Name:
 MILLS, YOLANDA H
 Name:

 Address:
 100 KINGFISHER DR
 Address:

 City-St-Zip:
 PONTE VEDRA BEACH, FL 32082
 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: MELISSA C. COLE DPT 05/12/2009