

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091271

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: PARADISE POINTE LIQUORS, INC.

## Current Principal Place of Business:

255 MIRACLE STRIP PARKWAY SE  
SUITE B1  
FORT WALTON BEACH, FL 32548 US

## New Principal Place of Business:

## Current Mailing Address:

919 HOSPITAL DRIVE  
NICEVILLE, FL 32578 US

## New Mailing Address:

FEI Number: 20-3057271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLEY, CHARLES R JR  
37 BAY DRIVE SE  
FORT WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

KELLEY, CHARLES R JR  
919 HOSPITAL DR  
NICEVILLE, FL 32578 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: CHARLES R. KELLEY, JR

04/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KELLEY, CHARLES R JR  
Address: 919 HOSPITAL DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: S,T ( ) Delete  
Name: KELLEY, MICHAEL A  
Address: 919 HOSPITAL DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHARLES R. KELLEY, JR

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date