2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 08:00 A Secretary of State DOCUMENT # P05000094841 1. Fotity Name PEPPER TREE SANDWICH SHOPPE, INC. Principal Place of Business Mailing Address 2672 PALM BAY ROAD, NE 2672 PALM BAY ROAD, NE PALM BAY, FL 32905 PALM BAY, FL 32905 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3157484 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORAM, ANGELA M DO NOT WRITE 2672 PALM BAY RD NE PALM BAY, FL 32905 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VSTD HAME CORAM, ANGELA M POST OFFICE BOX 61080 STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32906 TITLE NAME CORAM, DON M STREET ADDRESS POST OFFICE BOX 61080 CITY-ST-ZIP PALM BAY, FL 32906 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

2. 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 an address, with all other like empowered.

IGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
DITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNIN

Angela Coram

COMMA

321-724-8800

Davime Phone *

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FILED