2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P05000101894

Entity Name: MR. & MRS. PICKLE INC.

Current Principal Place of Business:

618 PARK CIRCLE
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

1014 ABELINE DR
DELTONA, FL 32725

New Mailing Address:

4255 SHADES CREST LN
SANFORD, FL 32773

FEI Number: 20-3179217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRETER, DONALD R
1014 ABELINE DR
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

TRETER, DONALD R
4255 SHADES CREST LN
SANFORD, FL 32773 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: 04/25/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TRETER, DOROTHY K
Address: 1014 ABELINE DR
City-St-Zip: DELTONA, FL 32725

Title: VP ( ) Delete
Name: TRETER, DONALD R
Address: 1014 ABELINE DR
City-St-Zip: DELTONA, FL 32725

Title: SEC ( ) Delete
Name: TRETER, DONALD R
Address: 1014 ABELINE DR
City-St-Zip: DELTONA, FL 32725

Title: TREA ( ) Delete
Name: TRETER, DOROTHY K
Address: 1014 ABELINE DR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TRETER, DOROTHY K
Address: 4255 SHADES CREST LN
City-St-Zip: SANFORD, FL 32773

Title: VP (X) Change ( ) Addition
Name: TRETER, DONALD R
Address: 4255 SHADES CREST LN
City-St-Zip: SANFORD, FL 32773

Title: SEC (X) Change ( ) Addition
Name: TRETER, DONALD R
Address: 4255 SHADES CREST LN
City-St-Zip: SANFORD, FL 32773

Title: TREA (X) Change ( ) Addition
Name: TRETER, DOROTHY K
Address: 4255 SHADES CREST LN
City-St-Zip: SANFORD, FL 32773

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: DONALD R TRETER TREA 04/25/2008
Electronic Signature of Signing Officer or Director — Date