2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# P05000119590

Entity Name: LIQUOR MASTER, INC.

Current Principal Place of Business:

901 E SEMORAN BLVD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

14664 KRISTENRIGHT LN.
ORLANDO, FL 32826

New Mailing Address:

FEI Number: 20-3438033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARRAN, ASHLY
14664 KRISTENRIGHT LN.
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SARRAN, ASHLY
Address: 14664 KRISTENRIGHT LN.
City-St-Zip: ORLANDO, FL 32826

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: SARRAN, FRANK
Address: 14664 KRISTENRIGHT LANE
City-St-Zip: ORLANDO, FL 32826

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: FRANK SARRAN VP 05/29/2008

Electronic Signature of Signing Officer or Director — Date