2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# P05000161790

Entity Name: SPACE COAST HAWAIIAN BLENDS, INC.

Current Principal Place of Business:

1152 S. PATRICK DRIVE
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

695 FOUNTAIN BLVD
SATELLITE BEACH, FL 32937 US

Current Mailing Address:

1152 S. PATRICK DRIVE
SATELLITE BEACH, FL 32937 US

New Mailing Address:

695 FOUNTAIN BLVD
SATELLITE BEACH, FL 32937 US

FEI Number: 20-4005797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLENDON, ROGER D
695 FOUNTAIN BLVD
SATELLITE BEACH, FL FL 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCLENDON, ROGER D
Address: 695 FOUNTAIN BLVD
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: VP (X) Delete
Name: MCLENDON, SUZANNE M
Address: 695 FOUNTAIN BLVD
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: VP (X) Delete
Name: MCLENDON, TRACY S
Address: 695 FOUNTAIN BLVD
City-St-Zip: SATELLITE BEACH, FL 32937 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCLENDON, TRACY S
Address: 101 9TH AVE APT D
City-St-Zip: INDIALANTIC, FL 32903 US

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 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: TRACY S MCLENDON P 04/24/2006
Electronic Signature of Signing Officer or Director Date