


2007 FOR PROFIT CORPORATION, ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90073 040 ***150.00

DOCUMENT # P06000077514	
1. Entity Name ROBBINS' NEST CAFE, INC.	

Principal Place of Business 412 EAST OCEAN AVENUE #2 BOYNTON BEACH, FL 33435	Mailing Address 412 EAST OCEAN AVENUE #2 BOYNTON BEACH, FL 33435
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40104300



03202007 Chg-P CR2E034 (12/06)

4. FEI Number 41-2207785	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRETWELL, WENDY M 412 EAST OCEAN AVENUE #2 BOYNTON BEACH, FL 33435		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF ANY	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRETWELL, CAROL R	NAME	
STREET ADDRESS	412 EAST OCEAN AVENUE SUITE 2	STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH, FL 33435	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRETWELL, WENDY M	NAME	
STREET ADDRESS	412 EAST OCEAN AVENUE SUITE 2	STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH, FL 33435	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: <u>Carol R Fretwell</u> Carol Fretwell, Pres.	Date: 4/23/07	Daytime Phone #: (561)375-6323
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