2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114747

Entity Name: BUMBINO'S ITALIAN RESTURANTE INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3 ROSEDOWN BLVD. DEBARY, FL 32713			921 TOWN CENTER 1100	921 TOWN CENTER DR. 1100	
,			ORANGE CITY, FL 3	2763	
Current Mailing Address:			New Mailing Address:		
3 ROSEDOWN BLVD. DEBARY, FL 32713			921 TOWN CENTER	DR.	
			1100 ORANGE CITY, FL 32763		
FEI Number	: 20-5559999	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:	
3 ROSEDO DEBARY, The above	R, THERESA OWN BLVD FL 32713 US anamed entity su gof Florida.		purpose of changing its registere	ed office or registered agent, or both	
SIGNATU	RE:				
		Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	PRES () D GARDNER, THER 3 ROSEDOWN BI DEBARY, FL 327	ESA .VD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP ()D	elete	Title:	() Change () Addition	
Name:	FRETWELL, WILI		Name:		
Address: City-St-Zip:	3 ROSEDOWN BI DEBARY, FL 327		Address: City-St-Zip:		
Title:	SEC ()D	elete	Title:	() Change () Addition	
Name:	PIERCE, DON F		Name:		
Address:	3 ROSEDOWN BI		Address:		
City-St-Zip:	DEBARY, FL 327	13 08	City-St-Zip:		
Title:	TREA ()D		Title:	() Change () Addition	
Name:	GARDNER, THER		Name:		
Address:	3 ROSEDOWN BI		Address:		
City-St-Zip:	DEBARY, FL 327	13 08	City-St-Zip:		
Title:	DIR ()D		Title:	() Change () Addition	
Title: Name: Address:	DIR () D GARDNER, THER 3 ROSEDOWN BI	ESA	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: THERESA GARDNER PRES 03/25/2009

DEBARY, FL 32713 US

City-St-Zip: