2008 FOR PROFIT CORPORATION

SIGNATURE: _

Jan 25, 2008 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P07000007841 01-25-2008 90027 005 ***158.75 1. Entity Name THE KALYMIAN TACO HOUSE & OYSTER BAR INC Mailing Address Principal Place of Business 4295 NAVY BOULEVARD 4285 NAVY BLVD PENSACOLA, FL 32507 PENSACOLA, FL 32507 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01172008 Chg-P Applied For City & State City & State 4. FEI Number 36-4600052 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERSON, KONSTANDINOS G Street Address (P.O. Box Number is Not Acceptable) 4285 NAVY BLVD PENSACOLA, FL 32507 City Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PRES ☐ Delete ☐ Change TITLE TITLE ☐ Addition PETERSON, KONSTANDINOS G NAME NAME STREET ADDRESS 4285 NAVY BLVD SUITE B STREET ADDRESS PENSACOLA, FL 32507 CITY - ST - ZIP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TESCHEL, TIMOTHY J 4285 NAVY BLVD SUITE B STREET ADDRESS STREET ADORESS PENSACOLA, FL 32507 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ■ Addition NAME PETERSON, STELIOS K NAME 4285 NAVY BLVD SUITE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS 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.

FILED