

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029119

FILED
Mar 13, 2008
Secretary of State

Entity Name: MITCHELL PROVISIONS, INC.

Current Principal Place of Business:

7997 WEST COUNTRY CLUB BLVD.
BOCA RATON, FL 33487 US

New Principal Place of Business:

451 ANDREWS AVENUE
POMPANO BEACH, FL 33069 US

Current Mailing Address:

7997 WEST COUNTRY CLUB BLVD.
BOCA RATON, FL 33487 US

New Mailing Address:

451 ANDREWS AVENUE
POMPANO BEACH, FL 33069 US

FEI Number: 20-8725607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, THOMAS
7997 WEST COUNTRY CLUB BLVD.
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

MITCHELL, THOMAS
1109 WATERWAY LANE
DELRAY BEACH, FL 33483 US

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: THOMAS MITCHELL

03/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: MITCHELL, THOMAS
Address: 7997 WEST COUNTRY CLUB BLVD.
City-St-Zip: BOCA RATON, FL 33487 US

Title: DIR () Delete
Name: MITCHELL, SUSAN
Address: 7997 WEST COUNTRY CLUB BLVD.
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: MITCHELL, THOMAS
Address: 1109 WATERWAY LANE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: DIR (X) Change () Addition
Name: MITCHELL, SUSAN
Address: 1109 WATERWAY LANE
City-St-Zip: DELRAY BEACH, FL 33483 US

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: THOMAS MITCHELL

DIR

03/13/2008

Electronic Signature of Signing Officer or Director

Date