2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0700041542 1. Entity Name IT'S IN THE BAG INC.							TLED 15 PH 3: 44	
Principal Place of Business 11525 HUTCHINSON BLVD SUITE 101 PANAMA CITY BEACH, FL 32407		Mailing Address 11525 HUTCHINSON BLVD SUITE 101 PANAMA CITY BEACH, FL 32407		:	TALLAHASSEE, FLORIDA			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address 2433 Thomas Drive						
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 12 4			09032008	Chg-P	CR2E034 (12/06)
City & State		Panama City Beac		c FL	4. FEI Numb	721590	 -	pplied For lot Applicable
Zip	Country	Zip 32408	Country Bay			of Status Desired	\$8.75 Ac	iditional ed
2731 EXEC WESTON,		24: City p	Street Address (P.O. Box Number is Not Acceptable) 2433 Thomas Drive #124 City Panama City Beach 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 Signature, hyped or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWILI FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be								
10.	ue by September 12, 2008	Trust Fund Cont		Adde	ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PTD FAULK, LEIGH H 11525 HUTCHINSON BLVD SUIT PANAMA CITY BEACH, FL 3240	☑ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	2433	dent R Peason	E as Drive t	Ch FL 32	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 (□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			<i>≬</i> 301359		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 119/1	TITLE NAME STREET ADDRESS CITY-ST-ZIP			570801013		Addition	
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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: Class PLASS SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR Date Dayling Prone #								