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May 02, 2008 8:00 am
Secretary of State
05-02-2008 90174 002 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000049118

1. Entity Name
LCR BAGELS, INC.

400

Principal Place of Business	Mailing Address
2395 S. E. OCEAN BLVD STUART, FL 34995	12271 SE PLANDOME DRIVE HOBE SOUND, FL 33455

04302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	10062 SE Osprey Pt. Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hobe Sand, FL
Zip / Country	Zip: 33455 / Country: Martin

4. FEI Number: 20-8926277 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REINSTEIN, LINDA C
12271 SE PLANDOME DRIVE
HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent
Name: Linda C. Reinstein
Street Address (P.O. Box Number is Not Acceptable): 10062 SE Osprey Pte. Drive
City: Hobe Sand, FL Zip Code: 33455

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] 4/30/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D REINSTEIN, LINDA C 12271 SE PLANDOME DRIVE HOBE SOUND, FL 33455 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 10062 SE Osprey Pointe Drive, Hobe Sand, FL 33455
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #