2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# P07000065901

Entity Name: OLDE SCHOOL ENTERPRISES, INC.

Current Principal Place of Business:

1405 KILLARNEY DRIVE
SEBRING, FL 33875

New Principal Place of Business:

300 CIRCLE PARK DRIVE
SEBRING, FL 33870

Current Mailing Address:

1405 KILLARNEY DRIVE
SEBRING, FL 33875

New Mailing Address:

300 CIRCLE PARK DRIVE
SEBRING, FL 33870

FEI Number: 65-1311158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEMORE, DARVILLE W
1405 KILLARNEY DRIVE
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

MCLEAN, DOUGLAS A
300 CIRCLE PARK DRIVE
SEBRING, FL 33780 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: DOUGLAS A. MCLEAN 01/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BEELER, JOEL M
Address: 3326 ARTESIAN AVE
City-St-Zip: SEBRING, FL 33875

Title: VD ( ) Delete
Name: BEELER, MICHELLE L
Address: 3326 ARTESIAN AVE
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOEL M. BEELER PD 01/28/2009
Electronic Signature of Signing Officer or Director Date