2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P07000091062

Entity Name: STORYBOOK ENTERTAINMENT, INC.

Current Principal Place of Business:

1460 MARIPOSA CIRCLE #104
NAPLES, FL 34105

New Principal Place of Business:

6017 PINE RIDGE ROAD #99
NAPLES, FL 34119

Current Mailing Address:

1460 MARIPOSA CIRCLE #104
NAPLES, FL 34105

New Mailing Address:

6017 PINE RIDGE ROAD #99
NAPLES, FL 34119

FEI Number: 75-3251349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACCARDI, ALISA
1460 MARIPOSA CIRCLE #104
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

ACCARDI, ALISA
6017 PINE RIDGE ROAD #99
NAPLES, FL 34119 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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: ACCARDI, ALISA
Address: 1460 MARIPOSA CIRCLE #104
City-St-Zip: NAPLES, FL 34105

Title: VP/T ( ) Delete
Name: ACCARDI, ALISA
Address: 1460 MARIPOSA CIRCLE #104
City-St-Zip: NAPLES, FL 34105

Title: S ( ) Delete
Name: ACCARDI, ALISA
Address: 1460 MARIPOSA CIRCLE #104
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: ACCARDI, ALISA
Address: 6017 PINE RIDGE ROAD #99
City-St-Zip: NAPLES, FL 341119

Title: VP/T (X) Change ( ) Addition
Name: ACCARDI, ALISA
Address: 6017 PINE RIDGE ROAD #99
City-St-Zip: NAPLES, FL 34119

Title: S (X) Change ( ) Addition
Name: ACCARDI, ALISA
Address: 6017 PINE RIDGE ROAD #99
City-St-Zip: NAPLES, FL 34119

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: ALISA M ACCARDI P/D 04/28/2009
Electronic Signature of Signing Officer or Director — Date