2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P07000119065

Entity Name: SERVING ALCOHOL INC.

Current Principal Place of Business:

1402 GALLINULE DRIVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1402 GALLINULE DRIVE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 26-1339352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIELOCH, JOSEPH M
1402 GALLINULE DRIVE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POMPLUN, ROBERT
Address: 16500 43RD AVE N.
City-St-Zip: MINNEAPOLIS, MN 55446

Title: D ( ) Delete
Name: WIELOCH, JOSEPH M
Address: 1402 GALLINULE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete
Name: LICATA, NICOLE
Address: 5661 PACIFIC BLVD. #2605
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete
Name: MARQUARDT, ANTHONY
Address: 16355 36TH AVE. N. SUITE 700
City-St-Zip: PLYMOUTH, MN 55446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOSEPH M WIELOCH D 04/21/2008

Electronic Signature of Signing Officer or Director — Date