2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 24, 2008
Secretary of State

DOCUMENT# P07000125363

Entity Name: DOUGH TO DOUGH INC.

Current Principal Place of Business:

2800 NORTH 6TH STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

9825 SAN JOSE BLVD. SUITE 30
JACKSONVILLE, FL 32257

Current Mailing Address:

2800 NORTH 6TH STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

9825 SAN JOSE BLVD. SUITE 30
JACKSONVILLE, FL 32257

FEI Number: 26-1438501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOKSNES, SHAWN D
1589 B. OLD MOULTRIE RD.
ST. AUGUSTINE, FL 32084 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: SHAWN D. MOKSNES
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOKSNES, DEAN T
Address: 6 B LISBON STREET
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: VP ( ) Delete
Name: MOKSNES, GALEN
Address: 6860 137TH AVE NW
City-St-Zip: RAMSEY, MN 55303

Title: CFO ( ) Delete
Name: MOKSNES, SHAWN D
Address: 10025 LIGHT AVE.
City-St-Zip: HASTINGS, FL 32145

Title: COO ( ) Delete
Name: PERRY, JEFFREY G
Address: 4605 SUSAN STREET
City-St-Zip: HASTINGS, FL 32145

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: SHAWN D. MOKSNES CFO 11/24/2008
Electronic Signature of Signing Officer or Director — Date