


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90019 013 ***150.00

DOCUMENT # P07000126514	
1. Entity Name THE BLOATED BULL SPORTS PUB II, INC.	

Principal Place of Business 9539 E FOWLER AVENUE THONOTOSASSA FL 33592 US	Mailing Address 604 CHILT DRIVE BRANDON FL 33592 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 604 CHILT DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State BRANDON FL	City & State BRANDON FL
Zip 33510	Country US

4. FEI Number 26-1475329	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALLS, SAMUEL J 604 CHILT DRIVE BRANDON FL 33510	
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7. Name and Address of New Registered Agent	
Name SAMUEL J. WALLS	
Street Address (P.O. Box Number is Not Acceptable) 604 CHILT DR.	
City BRANDON	Zip Code FL 33510

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 SAMUEL J. WALLS <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Samuel J. Walls 4/8/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME WALLS, SAMUEL J	
STREET ADDRESS 604 CHILT DRIVE	
CITY-ST-ZIP BRANDON FL 33510	
TITLE VP	<input type="checkbox"/> Delete
NAME WALLS, MARIE C	
STREET ADDRESS 604 CHILT DRIVE	
CITY-ST-ZIP BRANDON FL 33510	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SAMUEL J. WALLS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Samuel J. Walls 4/8/08 813-876-9282 <small>Date Daytime Phone #</small>
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