2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000072504

Entity Name: 3 ECLECTIC CHICKS, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of B	New Principal Place of Business:	
	DRICKS AVENUE VILLE, FL 32207	US	9910 FAWN BROOK DR JACKSONVILLE, FL 3225	6 US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	DRICKS AVENUE VILLE, FL 32207	US	P O BOX 5186 JACKSONVILLE, FL 3224	7 US	
FEI Number:	: 26-0699895 FE	l Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curre	nt Registered Agent:	Name and Address of Ne	w Registered Agent:	
SUITE 105	DENTIAL DRIVE	JS			
	named entity subme of Florida.	nits this statement for the p	ourpose of changing its registered off	ice or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing Trus	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () Dele BRECKENRIDGE, JO 9910 FAWN BROOK JACKSONVILLE, FL	DYCE A DRIVE	Title: () C Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () Dele SPRINGETT, MONA 3103 BELDEN STRE JACKSONVILLE, FL	ET, # 2	Title: () C Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	DST () Dele MOORE, MARCIA F 5715 CATOMA STRE JACKSONVILLE, FL	ET	Title: () C Name: Address: City-St-Zip:	Change () Addition	
Title:	D () Dele	te	Title: () C	Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOYCE A. BRECKENRIDGE DP 04/23/2009

BRECKENRIDGE, DANIEL W

JACKSONVILLE, FL 32256 US

9910 FAWN BROOK DRIVE

Name:

Address:

City-St-Zip: