

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076718

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ORAL EXPLOSION EATERIES, INC.

## Current Principal Place of Business:

10782 WAVERLY BLUFF WAY  
JACKSONVILLE, FL 32223

## New Principal Place of Business:

1402 SAN MARCO BLVD  
JACKSONVILLE, FL 32207

## Current Mailing Address:

10782 WAVERLY BLUFF WAY  
JACKSONVILLE, FL 32223

## New Mailing Address:

FEI Number: 94-3439399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BANSAL, MANISH  
10782 WAVERLY BLUFF WAY  
JACKSONVILLE, FL 32223      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: DP ( ) Delete  
Name: BANSAL, MANISH  
Address: 10782 WAVERLY BLUFF WAY  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DV ( ) Delete  
Name: WEITZEL, MICHAEL  
Address: 5480 RIVER TRAIL ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32277

Title: DST ( ) Delete  
Name: TOLEDO, QUIRINO  
Address: 7749 WATERMARK LANE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32256

## 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:

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: MANISH BANSAL

DP

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date