
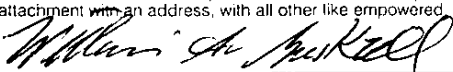


FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90093 026 ***150 00

DOCUMENT # P94000007831 1. Entity Name PINEAPPLE WILLY'S. INC.		 Secretary of State 04-16-2007 90093 026 ***150.00																																																																																																																									
Principal Place of Business 9875 S THOMAS DR PANAMA CITY BEACH, FL 32408 US		Mailing Address PO BOX 18040 PANAMA CITY BEACH, FL 32417 US																																																																																																																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																									
6. Name and Address of Current Registered Agent BUSKELL, WILLIAM A 9875 S THOMAS DR PANAMA CITY BEACH, FL 32408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 10%;">P</td><td style="width: 5%;">Delete</td></tr><tr><td>NAME</td><td>BUSKELL, WILLIAM A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>9875 S THOMAS DR</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td>PANAMA CITY BEACH, FL</td><td></td></tr><tr><td>TITLE</td><td>S</td><td>Delete</td></tr><tr><td>NAME</td><td>BUSKELL, BARON</td><td></td></tr><tr><td>STREET ADDRESS</td><td>9875 S THOMAS DR</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td>PANAMA CITY BEACH, FL</td><td></td></tr><tr><td>TITLE</td><td>T</td><td>Delete</td></tr><tr><td>NAME</td><td>BUSKELL, WILLIAM E</td><td></td></tr><tr><td>STREET ADDRESS</td><td>9875 S THOMAS DR</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td>PANAMA CITY BEACH, FL</td><td></td></tr><tr><td>TITLE</td><td></td><td>Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td></tr></table>		TITLE	P	Delete	NAME	BUSKELL, WILLIAM A		STREET ADDRESS	9875 S THOMAS DR		CITY- ST- ZIP	PANAMA CITY BEACH, FL		TITLE	S	Delete	NAME	BUSKELL, BARON		STREET ADDRESS	9875 S THOMAS DR		CITY- ST- ZIP	PANAMA CITY BEACH, FL		TITLE	T	Delete	NAME	BUSKELL, WILLIAM E		STREET ADDRESS	9875 S THOMAS DR		CITY- ST- ZIP	PANAMA CITY BEACH, FL		TITLE		Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 10%;">NAME</td><td style="width: 5%;">Change</td><td style="width: 5%;">Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>Change</td><td>Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>Change</td><td>Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>Change</td><td>Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td><td></td></tr></table>		TITLE	NAME	Change	Addition	STREET ADDRESS				CITY- ST- ZIP				TITLE		Change	Addition	NAME				STREET ADDRESS				CITY- ST- ZIP				TITLE		Change	Addition	NAME				STREET ADDRESS				CITY- ST- ZIP				TITLE		Change	Addition	NAME				STREET ADDRESS				CITY- ST- ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		4/10/07 9:23 235-1225																																																																																																																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																											