

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>Secretary of State</b> 04-27-1999 90055 039 ***150.0																																																																		
<b>DOCUMENT # P94000016430</b> 1. Corporation Name <b>HOG'S BREATH INTERNATIONAL, INC.</b>																																																																						
Principal Place of Business <b>737 HWY 98 EAST: #4 DESTIN FL 32541 US</b>		Mailing Address <b>737 HWY 98 EAST: #4 DESTIN FL 32541 US</b>																																																																				
<b>DO NOT WRITE IN THIS SPACE</b>																																																																						
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>03/01/1994</b> 4. FEI Number <b>65-0550153</b> Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																		
9. Name and Address of Current Registered Agent  <b>OSWALT, GREGORY S 737 HWY 98 EAST: #4 DESTIN FL 32541</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>Charla Denise Carr</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>737 Highway 98 East;</b> <b>83</b> Suite #4 <b>84</b> City <b>Destin,</b> <b>FL</b> <b>85</b> Zip Code <b>32541</b>																																																																			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.																																																																						
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating))</small>																																																																						
<b>12. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td>DORMINY, JERRY</td> <td>737 HWY 98 EAST: #4</td> <td>DESTIN FL 32541</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE		DORMINY, JERRY	737 HWY 98 EAST: #4	DESTIN FL 32541		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1.1 TITLE</td> <td style="width: 40%;">1.2 NAME</td> <td style="width: 30%;">1.3 STREET ADDRESS</td> <td style="width: 10%;">1.4 CITY-ST-ZIP</td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.1 TITLE</td> <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.1 TITLE</td> <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.1 TITLE</td> <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.1 TITLE</td> <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.1 TITLE</td> <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with a address, with all other like empowered.																																																																						
SIGNATURE: _____ DATE: <b>4/20/99</b>																																																																						