2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000016430

Entity Name: HOG'S BREATH INTERNATIONAL, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

536 MOUNTAIN DR DESTIN, FL 32541 US

Current Mailing Address: New Mailing Address:

541 HARBOR BLVD DESTIN, FL 32541 US

FEI Number: 65-0501537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAUER, CHARLES MGR
400 FRONT STREET
541 HARBOR BLVD
KEY WEST, FL 33040 US
DESTIN, FL 32541 US

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: KELLY M. MIILLE 01/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition DORMINY, SHERRY W PRES DORMINY, SHERRY W PRES Name: Name: 541 HARBOR BLVD 541 HARBOR BLVD Address: Address: City-St-Zip: DESTIN, FL 32541 US City-St-Zip: DESTIN, FL 32541 US

Title: MD () Delete Title: () Change () Addition

 Name:
 MIILLE, KELLY M MGR,DIR
 Name:

 Address:
 541 HARBOR BLVD
 Address:

 City-St-Zip:
 DESTIN, FL 32541 US
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 SHERYL, WOODS
 Name:

 Address:
 541 HARBOR BLVD
 Address:

 City-St-Zip:
 DESTIN, FL 32541
 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: SHERRY W. DORMINY PRES 01/16/2009