2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043566

Entity Name: AEGEAN OF CENTRAL FLORIDA, INC.

FILED Apr 30, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of | f Business: | |
|--|--------------------|-------------------------------|---|--|
| 498 PALM SPRINGS DRIVE SUITE 100 | | | | |
| ALTAMONTE SPRINGS, FL 32701 | US | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 498 PALM SPRINGS DRIVE SUITE 100 | | | | |
| ALTAMONTE SPRINGS, FL 32701 | US | | | |
| FEI Number: 59-3383635 FEI Number | r Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| SHUFFIELD, W. CHARLES SHUFFIELD, LOWMAN & WILSON, I 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801 US | P.A. | | | |
| 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 Ager | nt | Date | |
| | | | | |
| OFFICEDS AND DIDECTORS | | | | |

OFFICERS AND DIRECTORS:

Title: DPST Name: VU, HOA A

Address: 498 PALM SPRINGS DRIVE, SUITE 100 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: HOA VU DPST 04/30/2011