2008 FOR PROFIT CORPORATION

FILED Mar 11. 2008 08:00 A ate

ANNUAL REPORT						
1. Entity Nam	MENT # P9600005876 eAR-B-Q, INC.	01			Secretary of Sta	
Principal Place of Business 3362 S US HIGHWAY 1 FT PIERCE, FL 34982 Mailing Address 3362 S US HIGHWAY 1 FT PIERCE, FL 34982 FT PIERCE, FL 34982		3362 S US HIGHWAY 1		I INCONERI NE IBINE DUNI ERIN BENN DENN DENN ERIN I DIN 1800 ERIRI NOVETA I IREN		
D	O NOT WRITE		CE	01032008 No Chg-P CR2E034 (11/05) 4. FEI Number		
	6. Name and Address of Current Reg DANIEL B B HIGHWAY 1 E, FL 34982	Istered Agent	DO NOT WRITE IN THIS SPACE			
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 Signature, typed or profiled name of registered agent and title if applicable (NOTE: Registered Agent signature required when renstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Signature. typed or printed name of registered agent and title if applicable (NOTE Registere) 9. Election Campaign Finar Trust Fund Contribution.			ncing\$5	.00 May Be		
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF D KINSER, DANIEL B 3362 S US HIGHWAY 1 FT PIERCE, FL 34982	ECTORS			03/27/08-80050-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 eath; 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.

TITLE NAME STREET ADDRESS CITY-\$T-ZIP

IAME OF SIGNING OFFICER OR DIRECTOR

712 465-7416 Daytime Phone #