2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P96000104594

Entity Name: THE LAST STRAW, INC.

Current Principal Place of Business:

1250 US 41 BY PASS SOUTH
VENICE, FL 34285

New Principal Place of Business:

901 US 41 BY PASS SOUTH
VENICE, FL 34285

Current Mailing Address:

1250 US 41 BY PASS SOUTH
VENICE, FL 34285

New Mailing Address:

901 US 41 BY PASS SOUTH
VENICE, FL 34285

FEI Number: 65-0714995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIGGLE, MARJORIE W
1250 US 41 BY PASS SOUTH
VENICE, FL 34285 US

Name and Address of New Registered Agent:

RIGGLE, MARJORIE W
901 US 41 BY PASS SOUTH
VENICE, FL 34285 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete
Name: RIGGLE, MARJORIE W
Address: 1250 US 4 BY PASS SOUTH
City-St-Zip: VENICE, FL 34285

Title: DPT ( ) Delete
Name: RIGGLE, NORMAN C
Address: 1250 US 41 BY PASS SOUTH
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change ( ) Addition
Name: RIGGLE, MARJORIE W
Address: 901 US 4 BY PASS SOUTH
City-St-Zip: VENICE, FL 34285

Title: DPT (X) Change ( ) Addition
Name: RIGGLE, NORMAN C
Address: 901 US 41 BY PASS SOUTH
City-St-Zip: VENICE, FL 34285

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: NORMAN C RIGGLE DPT 04/30/2009
Electronic Signature of Signing Officer or Director — Date