2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000678

Address:

City-St-Zip:

5024 BEACH DR

PANAMA CITY, FL 32408

Entity Name: BUDGET APPLIANCE, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9526 FRONT BEACH ROAD PANAMA CITY, FL 32407 **Current Mailing Address: New Mailing Address:** 250 EAGLE DR PANAMA CITY BEACH, FL 32407 FEI Number: 59-3417581 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: AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JORGENSEN, DOUGLAS C Name: Name: 250 EAGLE DR. Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: Title: STD Title: () Change () Addition () Delete HARRELSON, RICK Name: Name: 1702 SCARLETT BLVD. Address: Address: LYNN HAVEN, FL 32444 City-St-Zip: City-St-Zip: () Delete Title: Title: TD (X) Change () Addition DUKE, JEFFERY G DUKE, JEFFERY G Name: Name: 624 C CALADIUM CIR 251 SCOOTER DR Address: Address: City-St-Zip: PANAMA CITY, FL 32407 City-St-Zip: PANAMA CITY, FL 32408 Title: OD () Delete Title: () Change () Addition GARNER, TERRY Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DOUGLAS JORGENSEN PD 03/25/2009