## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000092539

Entity Name: HARD ROCK BREWING INC.

FILED Mar 16, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
6100 OLD ORLANDO	PARK LN D, FL 32835			
Current Mailing Address:			New Mailing Address:	
6100 OLD	Y WOLSCZAK PARK LANE D, FL 32835			
FEI Number	: 52-1523818	FEI Number Applied For ( )	FEI Number Not Applicable	( ) Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Add	ress of New Registered Agent:
1200 SOU PLANTATI The above	PORATION SY ITH PINE ISLA ION, FL 33324 e named entity e of Florida.	ND ROAD I US	ourpose of changing its reg	gistered office or registered agent, or both,
SIGNATU				
SIGNATOR		nic Signature of Registered Age	ent	 Date
Election Car		g Trust Fund Contribution ( ).		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	AS ( KNIPFING, CH 6100 OLD PAR ORLANDO, FL	K LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AS ( DONOVAN, RY 6100 OLD PAR ORLANDO, FL	K LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	SD ( WOLSZCZAK, 6100 OLD PAR ORLANDO, FL	K LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DVPT ( SALTER, MICH 6100 OLD PAR ORLANDO, FL	K LANE	Address: 6100	T (X) Change ( ) Addition PANSKI, THOMAS ) OLD PARK LANE ANDO, FL 32835
Title: Name:	PD ( DODDS, HAMIS		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: JAY WOLSZCZAK S 03/16/2007

City-St-Zip: ORLANDO, FL 32835