2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 25, 2008 08:00 AN Secretary of State **DOCUMENT # P97000094829** 1. Entity Name ANGIE'S CAFE, INC. Principal Place of Business Mailing Address 200 1ST AVENUE NORTH 199 NORTH FLORIDA AVENUE ST. PETERSBURG, FL 33733 TARPON SPRINGS, FL 34689 No Chg-P CR2E034 (11/05) 02292008 DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-3475944 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent PANESIS, MARIA A DO NOT WRITE 199 N. FLORIDA AVENUE TARPON SPRINGS, FL 34689 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PANESIS, MARIA A 199 N. FLORIDA AVENUE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 TITLE NAME BUDO, ANDI STREET ADDRESS 2550 62ND ST NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33702 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 oath; that I am an officer or director of the corporation or the corporation of the corporation or the corporation of the corporation of the corporation of the corporation or the corporation of the

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