## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 19, 2008 08:00 A Secretary of State DGCUMENT # P98000006611 1. Entity Name PORK BUSTERS, INC. Principal Place of Business Mailing Address 785 DIANE CIR 785 DIANE CIR CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 26-5330228 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUDSON, GEORGE SCOTT Street Address (P.O. Box Number is Not Acceptable) 785 DIANE CIR CASSELBERRY FL 32707 City Zip Code 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 proced name of registered agent and title it as picable (NOTE: Registrated Agent eignoture required when reinstaling) DATE FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Derete H00000863468 HUDSON, GEORGE SCOTT NAME n4/ñã/08-8ĎĎ93-003 150.0Ú STREET ADDRESS 785 DIANE CIR STREET ADDRESS CITY ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP TITLE ☐ Darete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Derete TITLE Change Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete Change Addition NAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiele TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE:

SIGNATURE AND THED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08

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