

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90369 024 \*\*\*150.00

<b>DOCUMENT # P98000016319</b>					
<b>1. Entity Name</b> <b>BLIMPIE HOLDING CORPORATION</b>					
<b>Principal Place of Business</b> <b>10293 SHADY OAK LN</b> <b>SEMINOLE, FL 33777</b>			<b>Mailing Address</b> <b>10293 SHADY OAK LN</b> <b>SEMINOLE, FL 33777</b>		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>8726 Laurel Dr</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>8726 Laurel Dr</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>Pinellas Park FL</b>		<b>City &amp; State</b> <b>Pinellas Park FL 33782</b>		<b>4. FEI Number</b> <b>59-3494864</b>	
<b>Zip</b> <b>33782</b>		<b>Country</b> <b>Pinellas</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>O'CONNOR, PATRICK M</b> <b>%PATEL, MOORE &amp; O'CONNOR, P.A.</b> <b>2240 BELLEAIR ROAD SUITE 160</b> <b>CLEARWATER, FL 33764</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>1250 S Belcher Rd</b> <b>Suite 180</b> City <b>Largo</b>	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SHRYOCK, CHRIS</b> <b>10293 SHADY OAK LANE</b> <b>SEMINOLE, FL 33777</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8726 Laurel Dr</b> <b>Pinellas Park FL 33782</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 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.</b>					
<b>SIGNATURE:</b> <i>Chris Shryock</i> <b>CHRIS SHRYOCK</b> <i>4/24/08</i> <b>319-0030</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					