2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 08:00 AN Secretary of State

ANNUAL REPORT					Apr 23, 2000 00:0		
DOCUMENT # P98000087647 1. Entity Name						Secretary of St	
ST. LUCIE ALE HOUSE AND SPORTS BAR, INC.							
2161 PALM Suie 403	BEACH LAKES BLVD BEACH, FL 33409	Mailing Address 2161 PALM BEACH LAKES BLV SUIE 403 WEST PALM BEACH, FL 33409] 	 		
DO NOT WRITE IN THIS SPA			CE	03052008 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent PREEFER, JAY 2161 PALM BEACH LAKES BLVD SUIE 403 WEST PALM BEACH, FL 33409			DO NOT WRITE 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) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contributio				5.00 May Be dded to Fees			
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR D PREEFER, RICHARD 2161 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	ECTORS				0916843 -80016-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ET ADDRESS ST-ZIP			DO NOT WRITE IN THIS SPACE			
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 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: _

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

561-689-7706 Daytime Phono *