2008 FOR PROFIT CORPORATION

FILED May 05, 2008 08:00 AN Secretary of State

| ANNUAL REPORT | | | | | | | | | |
|--|----|--|------------------------------|----|--|--|--|--|--|
| DOCUMENT # 1. Entity Name CAFE VENTURES, I | | | | | | | | | |
| Principal Place of Business | | | Mailing Address | | | | | | |
| 3111 MAHAN DRIVE Suite 23 | | | 3111 MAHAN DRIVE Suite 23 | | | | | | |
| TALLAHASSEE, FL 32308 | US | | TALLAHASSEE, FL 32308 | US | | | | | |
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| Principal Plac 3111 MAHAI SUITE 23 TALLAHASSE | | Mailing Address 3111 MAHAN DRIVE SUITE 23 TALLAHASSEE, FL 32308 | US | | | | |
| DO NOT WRITE IN THIS SPA | | | CE | 01142008 No Chg-P CR2E034 (11/05) | | | |
| | | | CE | 4. FEI Numb 59-354 | | Applied For Not Applicable | |
| | | | | 5. Certificate | of Status Desired | \$8.75 Additional Fee Required | |
| • | 6. Name and Address of Current Reg | Istered Agent | | | | | |
| GEORGE, CHRISTOPHER A 3111 MAHAN DRIVE UNIT 23 TALLAHASSEE, FL 32308 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | named entity submits this statement for the ions of registered agent. | purpose of changing its registe | l ered office or regist | ered agent, or bo | oth, in the State of Florida. | I am familiar with, and accept | |
| SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Age | | | red Agent signature requir | uired when reinstating) DATE | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | 9. Election Campaign Fina Trust Fund Contribution | | 5.00 May Be ided to Fees | U0000094 06/03/08-80 | 9005 9011-005 150.00 | |
| 10. | OFFICERS AND DIR | ECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GEORGE, CHRISTOPHER A 3111 MAHAN DRIVE UNIT 23 TALLAHASSEE, FL 32308 | | • | | ٠ | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE Name Street address City-St-Zip | | | | DO | NOT WRI | TE | |
| TITLE NAME STREET ADDRESS CLIY-ST-ZIP | | | | IN ⁻ | THIS SPA | CE | |
| TITLE NAME Street address City-St-Zip | | | | | | | |
| IIILE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |

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 propieter 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:

Muleples (Leye CHTISTUPHER A. GEORGE SIGNATURE AND TYPED OR PHINTIPD NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2008

(850) 766-1567