2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 29, 2007 08:00 AM DOCUMENT # P99000002062061 **Secretary of State** 1. Entity Name YOUR CUP OF TEA, INC. Principal Place of Business Mailing Address 2930 WILLIAMSBURG STREET 2930 WILLIAMSBURG STREET SARASOTA, FL 34231 SARASOTA, FL 34231 CR2E034 (11/05) 01072007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0888583 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELLE, PA, MICHAEL J DO NOT WRITE 2364 FRUITVILLE ROAD SARASOTA, FL 34237 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, 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, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHERRY, SANDRA F STREET ADDRESS 2930 WILLIAMSBURG ST CITY-ST-ZIP SARASOTA, FL 34231 MULAK, HESTER P NAME STREET ADDRESS 2612 MULBERRY COURT CITY-ST-ZIP POUGHKEEPSIE, NY 12463 U00000607754 01/31/07-80050-008 150.00 TITLE NAMÉ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SANDRA F. CHERRY

01-10-07

941-921-3162