## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000051875

Entity Name: FRIES THE LIMIT, INC.

4920 GALLEON CT

NEW PORT RICHEY, FL 34652

Address:

City-St-Zip:

FILED Mar 31, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
282 SANCT			282 SANCTUARY DF	₹	
P.O. BOX 873 CRYSTAL BEACH, FL 346810873			BOX 873 CRYSTAL BEACH. F	CRYSTAL BEACH, FL 346810873	
Current Mailing Address:				New Mailing Address:	
282 SANCT	- FUARY DR		_		
P.O. BOX 8	373	0.400.400.70			
CRYSTAL	BEACH, FL	346810873			
FEI Number:	59-3581871	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
BROWN, S 282 SANCT CRYSTAL I	TUARY DR	346810873 US			
The above in the State	named entity of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
	Electro	onic Signature of Registered Ag	ent	Date	
Election Cam	ıpaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title:	Р (	) Delete	Title:	() Change () Addition	
Name:	BROWN, SCO		Name:		
Address: City-St-Zip:	4920 GALLEC NEW PORT R	ONICT RICHEY, FL 34652	Address: City-St-Zip:		
Title:	VP (	) Delete	Title:	( ) Change ( ) Addition	
Name:	BROWN, STU	*	Name:	( ) Change ( ) Addition	
Address:	282 SANCTU		Address:		
City-St-Zip:		ACH, FL 346810873	City-St-Zip:		
Title:	S (	) Delete	Title:	( ) Change ( ) Addition	
Name:	BROWN, WE	NDY J	Name:		
Address:	282 SANCTU	ARY DR	Address:		
City-St-Zip:	CRYSTAL BE	ACH, FL 346810873	City-St-Zip:		
Title:	Т (	) Delete	Title:	() Change () Addition	
Name:	BROWN, AND	NREA	Name:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WENDY BROWN T 03/31/2008