## FILED May 08, 2007 8:00 am Secretary of State

| i.d | . <b>₹</b> 007 | ANNUAL REPORT |
|-----|----------------|---------------|
|     |                |               |

| DOCUMENT # S78655  1. Entity Name KEY WEST ALE HOUSE AND RAW BAR, INC.   |   |                        |                                     |                 |  |  | -                       | 05-08-200             | 7 90015 0      | 36 ***1            | 50.00                       |
|--|---|------------------------|-------------------------------------|-----------------|--|--|-------------------------|-----------------------|----------------|--------------------|-----------------------------|
| Principal Place of Business Mailing Address  |   |                        |                                     |                 |  |  | 40108                   | 562                   |                |                    |                             |
| 2161 PALM BEACH LAKES BLVD. 2161 PALM BEA<br>SUITE 403 SUITE 403   |   |                        |                                     | ACH LAKES BLVD. |  |  | dara                    |                       |                |                    |                             |
| WEST PALM BEACH, FL 33409-6613 WEST PALM BEACH, FL 33409   |   |                        |                                     |                 | 9-6613   |  |                         | #####                 | :              | DIGN DIGNE GIG     | (1884    <b>(88</b> )       |
| Principal Place of Business - No P.O. Box # 3. Mailing Address   |   |                        |                                     |                 | _  |  |                         |                       |                |                    |                             |
| Suite, Apt. #, etc.  |   |                        | Suite, Apt. #, etc.                 |                 |  |  | 04052007                | Chg-P                 | CR2E03         | 4 (12/06)          |                             |
| City & State   |   |                        | City & State                        |                 |  |  | 4. FEI Numbe            | PLICABLE              |                |                    | pplied For<br>at Applicable |
| Zip  | Country   |                        | Zip                                 | try             | 5. Certificate of Status Desired \$8.75 Additional |  |                         |                       |                |                    |                             |
|  | 6. Name and Addre   | egistered Agent        |                                     |                 |  | 7. Name and Address of New Registered Agent  |                         |                       |                |                    |                             |
| PREEFER  | R, RICHARD  |                        |                                     |                 | Name   |  |                         |                       |                |                    |                             |
|  | M BEACH LAKES E   | BLVD.                  |                                     |                 | Street A   | ddress (I  | P.O. Box Numb           | er is Not Acceptabl   | e)             |                    |                             |
|  | LM BEACH, FL  |                        |                                     |                 |  |  |                         |                       |                |                    |                             |
| 4 *  |   |                        |                                     |                 | City   |  |                         |                       | FL             | Zip Cod            |                             |
| 8. The above the obligation  | e named entity submits the<br>tions of registered agent.        | is statement for       | the purpose of changing its         | register        | ed office or                                       | register   | ed agent, or bot        | h, in the State of Fl | orida. I am fa | miliar with,       | and accept                  |
| SIGNATURE.   | ·   |                        |                                     |                 |  |  |                         |                       |                |                    |                             |
| 1. 4.  | Signature, typed or printed name                                | of registered agent an | d title if applicable. (NOT         | E: Registere    | d Agent signati                                    | ire required   | when reinstating)       |                       | DATE           |                    |                             |
|  | E NOW!!! FEE IS S<br>ay 1, 2007 Fee wil                         |                        | 9. Election Campa<br>Trust Fund Con |                 | ncing  |  | 00 May Be<br>ed to Fees |                       |                |                    |                             |
| 10.  |   | FFICERS AND D          |                                     | 11.             |  | ••   | ADDITIONS/              | CHANGES TO OFF        |                |                    |                             |
| TITLE<br>NAME  | D Delete TITU PREEFER, RICHARD                                  |                        |                                     |                 |  |  |                         |                       | •              | <b>≤</b> Change    | Addition                    |
| STREET ADDRESS<br>C/TY-ST-ZIP  |   |                        |                                     |                 | ET ADDRESS<br>- ST - ZIP                           | 2161 falm Beach Lakes Blvd, Stz 403<br>West Palm Beach FL 33409<br>Change Addition |                         |                       |                |                    |                             |
| TITLE  | D D   | n, FLO,                | ☐ Delete                            | TITLE           |  | we.  | st Palm                 | Beach F               | <u>=レ ろろ</u>   | 4 <i>09</i> Change | ☐ Addition                  |
| NAME   | PREEFER, JAY C  |                        |                                     |                 |  |  |                         |                       | ,              | onlinge            |                             |
| STREET ADDRESS<br>CITY-ST-ZIP  | 2161 PALM BEACH LAKES BLVD. STR<br>WEST PALM BEACH, FL 33409 cm |                        |                                     |                 |  |  |                         |                       |                |                    |                             |
| TITLE<br>NAME  |   |                        | ☐ Delete                            | TITUE           |  |  | •                       |                       | Į.             | Change             | Addition                    |
| STREET ADDRESS   |   |                        |                                     | STRE            | et address   |  |                         |                       |                |                    |                             |
| CITY-ST-ZIP  |   |                        |                                     | -               | -ST-ZIP  |  |                         |                       |                |                    |                             |
| TITLE<br>NAME  |   |                        | ☐ Delete                            | TITLE           | Į.   |  |                         |                       | Į.             | Change             | ☐ Addition (                |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                        |                                     |                 | ET ADDRESS<br>-ST-ZIP                              |  |                         |                       |                |                    | ļ                           |
| TITLE  |   |                        | ☐ Delete                            | TITLE           |  |  |                         |                       |                | Change             | Addition                    |
| NAME<br>STREET ADDRESS   |   |                        |                                     | NAM             |  |  |                         |                       |                |                    |                             |
| CITY-ST-ZIP  |   | `                      |                                     |                 | et address<br>•St-zip                              |  |                         |                       |                |                    | 1                           |
| TITLE<br>NAME  |   |                        | ☐ Delete                            | TITLE           |  |  | ,                       | . 400.0               | [              | Change             | Addition                    |
| STREET ADDRESS   |   |                        |                                     | NAMI<br>STRE    | ET ADDRESS   |  |                         |                       |                |                    |                             |
| CITY-ST-ZIP  |   |                        |                                     |                 | ·ST-ZIP  |  |                         |                       |                |                    |                             |
| 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 require the composition of the receiver or trustee empowered to require the composition of the receiver or trustee empowered to require the composition of the receiver or trustee empowered to require the composition of the receiver or trustee empowered to require the composition of the receiver or trustee empowered to require the composition of the receiver or trustee empowered to require the composition of the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the composition of the corporation or the receiver or trustee empowered to require the corporation or the receiver of the corporation or the receiver of the corporation or the receiver or trustee empowered to receive the corporation or the receiver o |   |                        |                                     |                 |  |  |                         |                       |                |                    |                             |
| SIGNATURE: SIGNATURE AND TYPED OF PROPERTY NAME OF SIGNING OFFICER OF DISCORDER OF  |   |                        |                                     |                 |  |  |                         |                       |                |                    |                             |