



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90247 028 ***150.00

DOCUMENT # V12562 1. Entity Name OCALA ALE HOUSE AND RAW BAR, INC.																	
Principal Place of Business 305 SE 17TH STREET OCALA, FL 34471 US			Mailing Address 612 N ORANGE AVE C-6 JUPITER, FL 33458 US														
2. Principal Place of Business <i>612 N. Orange Ave.</i> Suite, Apt. #, etc. <i>Suite C-6</i> City & State <i>Jupiter, Florida</i> Zip <i>33458</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <i>USA</i>															
4. FEI Number 65-0340512		Chg-P CR2E034 (10/03)		Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MILLER, JOHN W. 612 N. ORANGE AVE JUPITER, FL 33458													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MILLER, JOHN W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>612 N. ORANGE AVE, STE C-6</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33458</td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	MILLER, JOHN W		STREET ADDRESS	612 N. ORANGE AVE, STE C-6		CITY-ST-ZIP	JUPITER, FL 33458	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>															
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
SIGNATURE: <i>John W. Miller</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>04/21/05</i> Daytime Phone #: <i>561-743-2299</i>															