


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90156 037 ***150.00

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1. Entity Name
 TRIMARK FOODCRAFT, INC.



Principal Place of Business
 2601 HOPE CHURCH RD.
 WINSTON-SALEM, NC 27103

Mailing Address
 2601 HOPE CHURCH RD.
 WINSTON-SALEM, NC 27103

00009288



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2478896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD FERGUSON, THOMAS 1 ROCKEFELLER PLAZA, SUITE 1722 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLINS, HARRY 1 ROCKEFELLER PLAZA, SUITE 1722 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREAS. FOX, SPENCER 2601 HOPE CHURCH RD. WINSTON-SALEM, NC 27104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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.

SIGNATURE: H. Fox, SECRETARY/TREAS. Date: 3/29/06 Daytime Phone #: 336-768-7520