

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

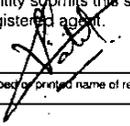
**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90005 033 \*\*\*150.00

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03022007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000104958			
1. Entity Name ARYA FOODS, INC.			
Principal Place of Business 840 S GRAND HWY APT #31C CLERMONT, FL 34711		Mailing Address 840 S GRAND HWY APT #31C CLERMONT, FL 34711	
2. Principal Place of Business - No P.O. Box # 102. N. PALM AVE.		3. Mailing Address 102. N. PALM AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOWEY-IN-THE-HILLS, FL		City & State HOWEY-IN-THE-HILLS, FL	
Zip 34737	Country USA	Zip 34737	Country USA
4. FEI Number 77-0641190		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 PATEL, VIJAYKUMAR C 840 S GRAND HWY APT #31C CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name ARYA FOOD INC. Street Address (P.O. Box Number is Not Acceptable) 102. N. PALM AVE HOWEY-IN-THE-HILLS City FL Zip Code 34737	
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	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PATEL, VIJAYKUMAR C 840 S GRAND HWY APT #31C CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VIJAYKUMAR. Patel 102. N. Palm Ave. HOWEY-IN-THE-HILLS, FL 34737 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PATEL, KAMINI 601 N MARINE BLVD JACKSONVILLE, NC 28540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KAMINI PATEL 601. N. MARINE Blvd. JACKSONVILLE. NC 28540 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 03.5.07. (352) 324.3611	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VIJAYKUMAR. PATEL.		Date Daytime Phone #	