

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 07, 2005
Secretary of State**

DOCUMENT# F04000003501

Entity Name: MASTER FOODS SALES, INC.

Current Principal Place of Business:

6885 ELM STREET
MCLEAN, VA 22101

New Principal Place of Business:

100 INTERNATIONAL DRIVE
MT OLIVE, NJ 07828

Current Mailing Address:

6885 ELM STREET
MCLEAN, VA 22101

New Mailing Address:

100 INTERNATIONAL DRIVE
MT OLIVE, NJ 07828

FEI Number: 22-2823024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAMGORT, R.J.
Address: 6885 ELM STREET
City-St-Zip: MCLEAN, VA 22101

Title: VSD () Delete
Name: CLARINGBOULD, J.D.
Address: 6885 ELM STREET
City-St-Zip: MCLEAN, VA 22101

Title: VT () Delete
Name: IN DE BRACKT, J.A.
Address: 6885 ELM STREET
City-St-Zip: MCLEAN, VA 22101

Title: D () Delete
Name: GOUDET, O.C.
Address: 6885 ELM STREET
City-St-Zip: MCLEAN, VA 22101

Title: D () Delete
Name: KOLLAR, E.O.
Address: 6885 ELM STREET
City-St-Zip: MCLEAN, VA 22101

Title: AS () Delete
Name: FERNANDEZ, J.A.
Address: 6885 ELM STREET
City-St-Zip: MCLEAN, VA 22101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: IN DE BRAECKT, J.A.
Address: 6885 ELM STREET
City-St-Zip: MCLEAN, VA 22101

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: W.G .MONFRIES

ASST

07/07/2005

Electronic Signature of Signing Officer or Director

Date