

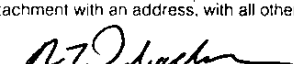


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90197 035 \*\*\*150.00

<b>DOCUMENT # F96000001299</b> 1. Entity Name <b>METROPOLITAN FOODS, INC.</b>					
Principal Place of Business <b>536-D ST. ANDREWS ROAD BOX 156 COLUMBIA, SC 29210</b>			Mailing Address <b>P.O. BOX 105035 ATTN: TAX DEPT. ATLANTA, GA 30348</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3225 Cumberland Blvd.</b> <b>Ste. 100</b>			
City & State 		City & State <b>Atlanta GA</b>		03222006 Chg-P CR2E034 (11/05)	
Zip 		Zip <b>30339</b>		4. FEI Number <b>58-1868009</b>	
Country 		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____ <small>Signature: typed or printed name of registered agent and title (add caption) (NOTE: Registered Agent's signature required when renewing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLCH, CARL JR 300 TECHNOLOGY CT SMYRNA, GA 30082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK OK 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MCBRAYER, MAX JR. 300 TECHNOLOGY COURT SMYRNA, GA 30082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK OK 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOOD, JIM 300 TECHNOLOGY COURT SMYRNA, GA 30082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK OK 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO DUMBACHER, ROBERT J 300 TECHNOLOGY COURT SMYRNA, GA 30082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK OK T-CFO - AS 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASC CZAJA, CLAUDE P 300 TECHNOLOGY COURT SMYRNA, GA 30082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK OK VP-AS- General Counsel BURA, PHILIP P. 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENKER, MAX 300 TECHNOLOGY COURT SMYRNA, GA 30082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK OK 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339	<input checked="" 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: 			ROBERT J. DUMBACHER 4/25/06 (770) 431-7600, X.1188		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		