

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 241892

Entity Name: EAST SIDE DAIRY INC

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

10833 BARTOLOTTI LOOP
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

10833 BARTOLOTTI LOOP
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-0921545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTOLOTTI, EUGENE
10833 BARTOLOTTI LOOP
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

BARTOLOTTI, GRACE
10833 BARTOLOTTI LOOP
SEFFNER, FL 33584 US

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: GRACE BARTOLOTTI

01/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARTOLOTTI, EUGENE,
Address: 10825 BARTOLOTTI LOOP
City-St-Zip: SEFFNER, FL 00000,

Title: SD () Delete
Name: GUARISCO, VIOLET
Address: 10833 BARTOLOTTI LOOP
City-St-Zip: SEFFNER, FL 00000,

Title: D (X) Delete
Name: BARTOLOTTI, GRACE,
Address: 10825 BARTOLOTTI LOOP
City-St-Zip: SEFFNER, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARTOLOTTI, GRACE
Address: 10825 BARTOLOTTI LOOP
City-St-Zip: SEFFNER, FL 33584

Title: SD (X) Change () Addition
Name: GUARISCO, VIOLET
Address: 10833 BARTOLOTTI LOOP
City-St-Zip: SEFFNER, FL 33584

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 Chapter 119, 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: GRACE BARTOLOTTI

PD

01/22/2007

Electronic Signature of Signing Officer or Director

Date