

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 294491

FILED
Jan 06, 2009
Secretary of State

Entity Name: GARDEN GOLD FOODS, INC.

Current Principal Place of Business:

405 S. BARBARA LN
TAMPA, FL 33609

New Principal Place of Business:

5700 MARINER ST
704
TAMPA, FL 33609

Current Mailing Address:

405 S. BARBARA LN
TAMPA, FL 33609

New Mailing Address:

5700 MARINER ST
704
TAMPA, FL 33609

FEI Number: 59-1583137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DINGFELDER, SIMON L
405 S. BARBARA LANE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

DINGFELDER, SIMON L
5700 MARINER ST.
704
TAMPA, FL 33609 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:

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DINGFELDER, SIMON L PRES.
Address: 405 S. BARBARA LN
City-St-Zip: TAMPA, FL 33609

Title: VD () Delete
Name: HARRISON, MARTHA M VICE P.
Address: 405 S. BARBARA LN
City-St-Zip: TAMPA, FL 33609

Title: TD () Delete
Name: DINGFELDER, SIMON L TREAS.
Address: 405 S. BARBARA LN
City-St-Zip: TAMPA, FL 33609

Title: SD () Delete
Name: DINGFELDER, SIMON L SEC'Y.
Address: 405 S. BARBARA LN
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DINGFELDER, SIMON L PRES.
Address: 5700 MARINER ST. #704
City-St-Zip: TAMPA, FL 33609

Title: VD (X) Change () Addition
Name: HARRISON, MARTHA M VICE P.
Address: 5700 MARINER ST, #704
City-St-Zip: TAMPA, FL 33609

Title: TD (X) Change () Addition
Name: DINGFELDER, SIMON L TREAS.
Address: 5700 MARINER ST. #704
City-St-Zip: TAMPA, FL 33609

Title: SD (X) Change () Addition
Name: DINGFELDER, SIMON L SEC'Y.
Address: 5700 MARINER ST., #704
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify 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: SIMON L. DINGFELDER

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date