2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2006
Secretary of State

DOCUMENT# 441559

Entity Name: FLORIDA HEALTH FOODS, INC.

Current Principal Place of Business:

7648 LEM TURNER ROAD
C/O ALVIN FRANK PLYMPTON
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

7648 LEM TURNER ROAD
C/O ALVIN FRANK PLYMPTON
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-1506423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLYMPTON, ALVIN FRANK
7648 LEM TURNER ROAD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

PLYMPTON, JOHN WESLEY
7648 LEM TURNER ROAD
JACKSONVILLE, FL 32208 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: JOHN WESLEY PLYMPTON 08/23/2006
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: VP ( ) Delete
Name: PLYMPTON, JOHN W
Address: 7648 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: ST ( ) Delete
Name: PLYMPTON BEATRICE M,
Address: 7648 LOM TURNER RD
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete
Name: PLYMPTON, ALVIN F
Address: 7648 LEM TURNER RD.
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition
Name: PLYMPTON-FERNANDEZ, LIDIA
Address: 7648 LEM TURNER RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: P (X) Change ( ) Addition
Name: PLYMPTON, ALVIN F
Address: 7648 LEM TURNER RD.
City-St-Zip: JACKSONVILLE, FL 32208

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: JOHN W PLYMPTON VP 08/23/2006
Electronic Signature of Signing Officer or Director Date