2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007
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:

7648 LEM TURNER ROAD
JACKSONVILLE, FL 32208

Current Mailing Address:

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

New Mailing Address:

7648 LEM TURNER ROAD
JACKSONVILLE, FL 32208

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

Name and Address of Current Registered Agent:

PLYMPTON, JOHN WESLEY
7648 LEM TURNER ROAD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

PLYMPTON, JOHN W
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 W PLYMPTON 07/24/2007
Electronic Signature of Registered Agent Date

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-FERNANDEZ, LIDIA
Address: 7648 LEM TURNER RD
City-St-Zip: JACKSONVILLE, FL 32208

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PLYMPTON, JOHN W
Address: 7648 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: VP (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 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 P 07/24/2007
Electronic Signature of Signing Officer or Director Date