## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	MINOAL	REPORT						
1. Entity Nam	OCUMENT # 544088 Entity Name IACK-IT-FOODS, INC.			F11_ED 07 JAN 10 AM 8: 02				
10817 N.W.	cipal Place of Business Mailing Address B17 N.W. 27TH AVE 10817 N.W. 27TH AVE IMI, FL 33167 US MIAMI, FL 33167 US			LICRE ARY OF STATE ALLAHASSEE, FLORIDA				
C	OO NOT WRITE	CE	01052007 No. 4. FEI Number 59-1767840	o Chg-P	CR2E034	ne made debetada er ebat		
			5. Certificate of Sta	tus Desired		.75 Additional Required		
	6. Name and Address of Current R	egistered Agent			<del></del>			
SAMMARCO, VINCENT T 1408 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316			DO NOT WRITE IN THIS SPACE					
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								
FILE NOWI!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees								
10.	OFFICERS AND D		*****					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, DONOVAN 10817 NW 27TH AVE	12/11/06 01056 010 \$450.00  December 2006 overpayment  3 \$ 150.00 Applied to						
TITLE NAME STREET ADDRESS	D LEE, DONOVAN 10817 NW 27 AVE	December 2006 overpaymen						
CITY-ST-ZIP	MIAMI, FL 33167	of \$150,00 Apolied to						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E Et address			IN THIS SPACE				
FITLE NAME STREET ADDRESS CITY-ST-ZIP							,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JC 01/10						
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.								

January 5, 2007

Division of Corporations P.O. Box 6198 Tallahassee, Florida 32314

Attn: Ms. Tina Carter

Re: Annual Report

Dear Ms. Carter:

Enclosed please find the Annual Report for Snack-It-Foods, Inc. Please apply the \$150.00 previously submitted to your office for the fee associated with this filing. I appreciate all of your assistance with this matter.

If you have any questions or require any additional information, please feel free to contact me at 305-588-8893. Thank you again for your assistance.

Sincerely,

Donovan Lee