2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2006 8:00 am Secretary of State **DOCUMENT #629817** 1. Entity Name 04-14-2006 90127 041 ***150.00 GLOBAL FOOD CORP. Principal Place of Business Mailing Address 2601 E.OAKLAND PARK BLVD 2601 E:OAKLAND PARK BLVD SUITE-200-SUITE 200 -FT. LAUDERDALE, FL 33306 FT. LAUDERDALE, FL-33306 2. Principal Place of Business 3. Mailing Address 901 South Federal Hawy 901 South Federal Hawy Suite, Apt. #, etc. 04112006 Chg-P CR2E034 (11/05) Suite 202 Suite zoz City & State Applied For 4. FEI Number Lauderdale 59-1953631 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAUER, JOHN P. 2601 E.OAKLAND PARK BLVD Street Address (P.O. Box Number is Not Acceptable) 901 S. Federal Howy SUITE 200 Suite 202 FT LAUDERDALE FL, FL-38306 Zip Code 8. The above named entity submits this statement for the purpose of changing 1s perstered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. JOHN Bauek SIGNATURE. Signature, typed or printed name of registered agent and title if a (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition NAME BAUER, JOHN 2601 E. OAKLAND PARK BLVD 901. S. Federal Hang STREET ADDRESS STREET ADDRESS FT LAUDERDALE., FL 38306-CITY-ST-ZIP CITY-ST-ZIP 33316 TITLE S ☐ Change ☐ Addition BAUER, MIMI NAME NAME 2001 E. OAKLAND PARKBLYD Goi S. Federal Howy STREET ADDRESS STREET ADDRESS FT LAUDERDALE,, FL. 38306 CITY-ST-7IP CITY-ST-7IP 33316 TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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. SIGNATURE: John P. Bane R 954-467-1700

OFFICER OR DIRECTOR

FILED