


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 853609 1. Entity Name AMERICAN FROZEN FOODS, INC.	
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Principal Place of Business 155 HILL ST MILFORD, CT 06460	Mailing Address 155 HILL ST MILFORD, CT 06460
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-0764758	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHERRY, KENNETH A 62 BIG BEAR HILL ROAD NEW MILFORD, CT 06776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COREY, WILLIAM JR. 8 HORSESTABLE CR HUNTINGTON, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DICAPRIO, PALMA 37 SHERMAN LANE #5C HAMDEN, CT 06514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPPOPORT, WILLIAM 413 SKY TOP DR FAIRFIELD, CT 06825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: William J. Corey Jr. **April 23, 2008** **203-882-6205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #