


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90141 022 ***150.00

DOCUMENT # 857068 1. Entity Name CREATIVE FOOD 'N FUN COMPANY					
Principal Place of Business 7500 GRACE DR COLUMBIA, MD 21044 US			Mailing Address C/O MOLLIE K. SPRINKLE 7500 GRACE DRIVE COLUMBIA, MD 21044 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-1505881	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FILON, ELYSE N <input type="checkbox"/> Delete 5400 BROKEN SOUND BLVD., STE 300 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP&T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert M. Tarola 7500 Grace Drive Columbia, MD 21044	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FESTA, ALFRED E 7500 GRACE DRIVE COLUMBIA, MD 21044		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John A. McFarland 7500 Grace Drive Columbia, MD 21044	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete NAGY, AKOS L 7500 GRACE DR COLUMBIA, MD 21044		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE REFER TO THE ATTACHED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <input type="checkbox"/> Delete NAKASHIGE, DAVID 5400 BROKEN SOUND BLVD NW BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, AS <input type="checkbox"/> Delete SHELNITZ, MARK A 7500 GRACE DR COLUMBIA, MD 21044		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete MCGOWAN, W. B 7500 GRACE DRIVE COLUMBIA, MD 21044		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Mark A. Shelnitz</i> Mark A. Shelnitz and Secretary 3/8/2007 410-531-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					