

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857068

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: CREATIVE FOOD 'N FUN COMPANY

## Current Principal Place of Business:

7500 GRACE DR  
COLUMBIA, MD 21044 US

## New Principal Place of Business:

## Current Mailing Address:

C/O MOLLIE K. SPRINKLE  
7500 GRACE DRIVE  
COLUMBIA, MD 21044 US

## New Mailing Address:

FEI Number: 58-1505881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AT ( ) Delete  
Name: FILON, ELYSE N  
Address: 5400 BROKEN SOUND BLVD., STE 300  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: FESTA, ALFRED E  
Address: 7500 GRACE DRIVE  
City-St-Zip: COLUMBIA, MD 21044

Title: DVT ( ) Delete  
Name: LA FORCE III, HUDSON  
Address: 7500 GRACE DR  
City-St-Zip: COLUMBIA, MD 21044

Title: VPAS ( ) Delete  
Name: SHELNITZ, MARK A  
Address: 7500 GRACE DRIVE  
City-St-Zip: COLUMBIA, MD 21044

Title: S ( ) Delete  
Name: MCFARLAND, JOHN A  
Address: 7500 GRACE DR  
City-St-Zip: COLUMBIA, MD 21044

Title: PD ( ) Delete  
Name: MCGOWAN, W. B  
Address: 7500 GRACE DRIVE  
City-St-Zip: COLUMBIA, MD 21044

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVPT (X) Change ( ) Addition  
Name: LA FORCE III, HUDSON  
Address: 7500 GRACE DR  
City-St-Zip: COLUMBIA, MD 21044

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

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

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

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 A. MCFARLAND

S

01/14/2009

Electronic Signature of Signing Officer or Director

Date