2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001241

City-St-Zip: NEWBURY PARK, CA 91320

Entity Name: THE GRATEFUL PALATE OF CALIFORNIA, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
701 DEL NORTE BLVD., UNIT #210 OXNARD, CA 93030			2449 S. WATNEY WA FAIRFIELD, CA 9453		
Current Mailing Address:			New Mailing Address:		
P.O. BOX 5107 OXNARD, CA 93031			2449 S. WATNEY WAY FAIRFIELD, CA 94533		
FEI Number	: 77-0489351	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	DAVID TER TOWER F RK, FL 33403	ROAD US			
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PHILIPS, DAN 1317 LA JOLL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CNTR (DESANTIS, BE 4725 DEL RIO SIMI VALLEY,	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PS (FAVER, ROBE 2112 LOAN OA NAPA, CA 948	λK	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP (X SABAD, ALEJ/ 5185 VIA JACI		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: BEN DESANTIS CNTR 03/19/2009