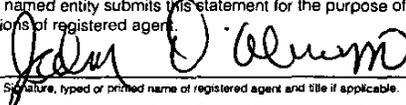
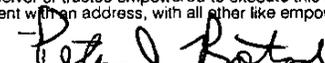


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90080 019 ***150.00

| | | | | | |
|--|----------------------------|--|---|--|--------------------------------------|
| DOCUMENT # F02000002673 | | | |  | |
| 1. Entity Name NATURALLY FRESH, INC. | | | | | |
| Principal Place of Business 1000 NATURALLY FRESH BLVD. ATLANTA, GA 30349 | | | Mailing Address 1000 NATURALLY FRESH BLVD. ATLANTA, GA 30349 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 58-1020428 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| VICKERY, MICHAEL 1420 VANTAGE WAY, SUITE 104 JACKSONVILLE, FL 32218 | | | Name JOHN D'ABRUZZO | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 3307 SW 11TH AVE | | |
| | | | City FT LAUDERDALE FL Zip Code 33315 | | |
| 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 1-31-07 |
| 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 | COB | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BROOKS, ROBERT H | | NAME | "SEE ATTACHED" | |
| STREET ADDRESS | 1000 NATURALLY FRESH BLVD. | | STREET ADDRESS | | |
| CITY - ST - ZIP | ATLANTA, GA 30349 | | CITY - ST - ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BROOKS, COBY G | | NAME | | |
| STREET ADDRESS | 1000 NATURALLY FRESH BLVD. | | STREET ADDRESS | | |
| CITY - ST - ZIP | ATLANTA, GA 30349 | | CITY - ST - ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WRENN, CARTER B | | NAME | | |
| STREET ADDRESS | 1000 NATURALLY FRESH BLVD. | | STREET ADDRESS | | |
| CITY - ST - ZIP | ATLANTA, GA 30349 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 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:  | | | Date: 2-8-07 | | Daytime Phone #: 404-765-9000 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |

40013948



01152007 Chg-P CR2E034 (12/06)



Officers

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>City, State, Zip Code</u> |
|-----------------|--------------------|---------------------------|------------------------------|
| President | Edward J. Greene | 1000 Naturally Fresh Blvd | Atlanta, GA 30349 |
| CFO/Sec/Trea | Peter J. Rostad | 1000 Naturally Fresh Blvd | Atlanta, GA 30349 |
| Vice President | Coby G. Brooks | 1000 Naturally Fresh Blvd | Atlanta, GA 30349 |
| Asst. Secretary | A. J. Block Jr. | 1000 Naturally Fresh Blvd | Atlanta, GA 30349 |
| Asst. Secretary | Patricia Frederick | 1000 Naturally Fresh Blvd | Atlanta, GA 30349 |

Board of Directors

| <u>Name</u> | <u>Address</u> | <u>City, State, Zip Code</u> |
|------------------|---------------------------|------------------------------|
| Coby G. Brooks | 1000 Naturally Fresh Blvd | Atlanta, GA 30349 |
| Carter B. Wrenn | 1000 Naturally Fresh Blvd | Atlanta, GA 30349 |
| Edward J. Greene | 1000 Naturally Fresh Blvd | Atlanta, GA 30349 |
| Peter J. Rostad | 1000 Naturally Fresh Blvd | Atlanta, GA 30349 |
| James P. Creel | 1000 Naturally Fresh Blvd | Atlanta, GA 30349 |
| Glenn Brooks | 1000 Naturally Fresh Blvd | Atlanta, GA 30349 |