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Mar 12, 2007 8:00 am
Secretary of State

01-29-2007 90069 029 ****31.25
03-12-2007 90088 030 ****30.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000000159

1. Entity Name
FOOD FOR ALL, INC.

Principal Place of Business
7425 OLD YORK ROAD
ELKINS PARK, PA 19027

Mailing Address (crossed out)
P.O. BOX 513
GLENSIDE, PA 19038

01152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		7425 OLD YORK ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: ELKINS PARK PA	
Zip	Country	Zip: 19027	Country: USA

4. FEI Number: 22-2778764 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARVIN W. BINGHAM, JR. P.A. 14811 NW 140TH STREET ALACHUA, FL 32616	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOBSON, DAVID		NAME	
STREET ADDRESS	425 GREENWOOD AVENUE		STREET ADDRESS	
CITY-ST-ZIP	WYNCOTE, PA 19025		CITY-ST-ZIP	
TITLE	VCST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOBSON, ETTEL		NAME	
STREET ADDRESS	425 GREENWOOD AVENUE		STREET ADDRESS	
CITY-ST-ZIP	WYNCOTE, PA 19025		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 617, 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: [signature] pres. 1/16/07 215-782-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #