


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90009 041 ***150.00

DOCUMENT # F05000001557 1. Entity Name ANOVA FOOD, INC.					
Principal Place of Business 1160 HIGHTOWER TR. ATLANTA, GA 30350			Mailing Address P.O. BOX 500157 ATLANTA, GA 31150		
2. Principal Place of Business 2922 So. FALKENBURG RD Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 89787 Suite, Apt. #, etc.		
City & State RIVERVIEW FL		City & State TAMPA FL		4. FEI Number 58-2258507	
Zip 33569		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRINSMADE, DOUGLAS 4326 EL PRADO BLVD. #11 TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">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 <u>DOUGLAS BRINSMADE, PRES</u> <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, 2006 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	DPS BRINSMADE, DOUGLAS 1245 SPALDING DR. ATLANTA, GA 30350	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV MULDER, CONSTANT HAMBAKEN WETERING 15, 5231 DD'S HERTOGENBOSCH,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUISMAN, WILLEN HAMBAKEN WETERING 15, 5231 DD'S HERTOGENBOSCH,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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: <u>DOUGLAS BRINSMADE, PRES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>1/25/06</u> Daytime Phone # <u>813-902-9003</u>					