

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90042 031 ***150.00

DOCUMENT # F05000003836

1. Entity Name
 BOON EDAM TOMSED INC.



Principal Place of Business 402 MCKINNEY PARKWAY LILLINGTON, NC 27546	Mailing Address 402 MCKINNEY PARKWAY LILLINGTON, NC 27546
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DO NOT WRITE IN THIS SPACE

40126911



07162007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2575784	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE - SUITE 4
 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KERSEY, NICK Tom Devine 402 MCKINNEY PARKWAY LILLINGTON, NC 27546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORTO, MARK 402 MCKINNEY PARKWAY LILLINGTON, NC 27546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D MACTAGGART, IAN B 402 MCKINNEY PARKWAY LILLINGTON, NC 27546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CFO, S CAMP, DANIEL 402 MCKINNEY PARKWAY LILLINGTON, NC 27546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEASOM, KURT 402 MCKINNEY PARKWAY LILLINGTON, NC 27546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Daniel Camp, CFO* 7/16/07 910-814-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #