


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90041 023 ***150.00

DOCUMENT # F05000003836 1. Entity Name BOON EDAM INC.					
Principal Place of Business 402 MCKINNEY PARKWAY LILLINGTON, NC 27546			Mailing Address 402 MCKINNEY PARKWAY LILLINGTON, NC 27546		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-2575784	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE - SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Glen Tracy Street Address (P.O. Box Number is Not Acceptable) 11438 Waterford Village Drive City Ft. Meyers FL Zip Code 33913	
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 Glen Tracy 2/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO; Board of Directors <input type="checkbox"/> Delete TOM, DEVINE 402 MCKINNEY PARKWAY LILLINGTON, NC 27546				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Delete BORTO, MARK 402 MCKINNEY PARKWAY LILLINGTON, NC 27546				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MACTAGGART, IAN B 402 MCKINNEY PARKWAY LILLINGTON, NC 27546				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOS <input type="checkbox"/> Delete CAMP, DANIEL 402 MCKINNEY PARKWAY LILLINGTON, NC 27546				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP of Technical Services <input type="checkbox"/> Delete MEASOM, KURT 402 MCKINNEY PARKWAY LILLINGTON, NC 27546				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: Jeffrey Sewell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/22/08 <small>Date</small>		910-814-8124 <small>Daytime Phone #</small>	

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