

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004718

Entity Name: MEAT COMMODITIES, INC.

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

1200 CENTERPARK DR
ASHEVILLE, NC 28805

New Principal Place of Business:

Current Mailing Address:

1200 CENTERPARK DR
ASHEVILLE, NC 28805

New Mailing Address:

FEI Number: 52-0990505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERBERG, ALAN
12240 TILLINGHAST CIRCLE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SILVERBERG, ALAN
Address: 12240 TILLINGHAST CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VCST () Delete
Name: SILVERBERG, PATRICIA
Address: 12240 TILLINGHAST CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: PD () Delete
Name: ADAMS, ANTHONY M
Address: 37 HILLTOP RD
City-St-Zip: ASHEVILLE, NC 28803

Title: VP () Delete
Name: ADAMS, DEBORAH R
Address: 37 HILLTOP RD
City-St-Zip: ASHEVILLE, NC 28803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY ADAMS

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date