FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2008 8:00 am Secretary of State

DOCUMENT # F0700005538 1. Entity Name				02-27-2008 90016 002 ***150.00			
Eurofresh, Inc.							
DO NOT WRITE IN THIS SPACE				40033932			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 26050 S. Eurofresh Aw 26050 S. Eurofresh							
Suite, Apt. #. etc. Suite, Apt. #, etc.			- (, -	CR2E	E034B (5/07)		
City & State		City & State		4. FEI Number		Applied For	
W.`II c	Country	Zip Co	untry	5. Certificate of Status Desired		Not Applicable 8.75 Additional	
8564	13 USA	85643 U	SA.			ee Required	
Name				7. Name and Address of Current Registered Agent			
Street Address				P.O. Box Number is Not Acceptable)			
IN THIS SPACE				ays Street			
			City			7in Code	
* Thombour	named entity submits this statement for	#		hassee	FL	Zip Code 32301	
	named entity submits this statement for ions of registered agent.	the purpose of crianging to region	eten nince oi rediarei	ed agent, or down in the sizing on i	"IQHQBL FBITT IGH	illar wim, and accept	
SIGNATURE							
Signature (typec or printer native of highstanes against anciculated applicable (NOTE flegistanes Against anciculate inequirac when remistating) DATE January 1: May 1: Fee 18: \$150.00							
After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution.							
Make Check Payable to Fiorida Department of State: 10. OFFICERS AND DIRECTORS							
TITLE	TIF Chairman						
NAME Street address *	Johan vanden Berg 26050 Si Eurofresh Au						
CITY-SI-ZIP	willow AZ 8564						
TITLE	Vincestration prestor						
NAME Street address	Tom Baldwin 20000 S. Eurofrah Au	_					
CITY+ST+ZIP	WillOm: AZ 85643						
TITLE	Direct						
NAME STREET ADDRESS	Travis Hain 26050 S. Eurofresh A	DO NOT	WRIT	'E			
CITY-ST-ZIP	Willcox, AZ 85643						
TITLE	President, CEO			IN THIS	SPAC	E	
NAME STREET ADDRESS	Dwight Ferguen SS 20050 S. Eurofrah Are						
CITY-ST-ZIP							
TITLE . CFO							
WINE Frank van Straafen STRET ADDRESS 20050 S. Eurofrost Ave							
CITY-ST-ZIP	Willox, At 85643						
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 on an attachment with an address; with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAM Day Daysure Priorie 4