2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F28288

Entity Name: GRACEKENNEDY (USA) INC.

FILED Mar 30, 2007 Secretary of State

	ioi oroxoliki	ENTED FOOTY INC.					
Current Principal Place of Business:			New Principal Place of Business:				
3350 SW 148TH AVE SUITE 110 MIRAMAR, FL 33027 US							
Current Mailing Address:			New Mailing Address:				
	350 SW 148TH AVE SUITE 110 IIRAMAR, FL 33027 US						
FEI Number:					Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FOWLER, WHITE 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33131 US							
The above in the State		submits this statement for the pu	urpose of	f changing it	s registered	d office or registered agent, or both,	
SIGNATURE:							
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$				
Title: Name: Address: City-St-Zip:	ALEXANDER, E	1 AVENUE SUITE 110		Title: Name: Address: City-St-Zip:	SOLOMON,	48TH AVENUE, SUITE 110	
Title: Name: Address: City-St-Zip:	D () WEHBY, DONA 73 HARBOUR S KINSTON, JA			Title: Name: Address: City-St-Zip:	WEHBY, DC 26 BELMON		

City-St-Zip: JAMAICA WEST INDIES. Title: () Delete

MILLS, DONALD

GOLDSON, BRIAN

73 HARBOUR STREET

KINGSTON, JA JAMAICA

() Delete

() Delete

19-21 KNUTSFORD BLVD KINGSTON 5

Title:

Title:

Name:

Address:

Name:

Address City-St-Zip:

VAN WHERVIN, ANDREW Name: Address: 39-41 SECOND STREET

City-St-Zip: KINGSTON, JA JAMAICA

Title: (X) Delete SOLOMON, GREGORY Name:

5255 NW 95TH AVE. Address: CORAL SPRINGS, FL 33076 City-St-Zip:

KINGSTON, JA JAMAICA Title: (X) Change () Addition

73 HARBOUR STREET

BURTON, ERWIN

(X) Change () Addition

TAFFE, JOSEPH Name: Address: 26 BELMONT ROAD City-St-Zip: KINGSTON, JA JAMAICA

Title: (X) Change $\ (\)$ Addition

SMITH, PAUL Name:

Address: 3350 SW 148 AVENUE, SUITE 110

City-St-Zip: MIRAMAR, FL USA

Title: () Change () Addition

Name: Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL SMITH 03/30/2007 S