FILED 2007 FOR PROFIT CORPORATION ANNUAL REPORT Apr 30, 2007 08:00 AN Secretary of State DOCUMENT # F68680 1. Entity Name GOURMET TO GO, INC. Principal Place of Business Mailing Address 4351 NE 12TH TERRACE 4351 NE 12TH TERRACE OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 01242007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2165215 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCAULEY, HUGH H DO NOT WRITE **4351 NE 12 TERRACE** OAKLAND PARK, FL 33334 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 if registered agent the obligations

FILE N	IIIWOF	FEE 1S	\$150.00	
After May	1, 200	7 Fee w	III be \$55	0.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(NOTE: Registered Agent signature required when reinstating)

U000007446851

05/15/07-80159-002 150.00

Applied For

Not Applicable

OFFICERS AND DIRECTORS 10. DP TITLE NAME MCCAULEY, HUGH H STREET ADDRESS **4351 NE 12 TERRACE** OAKLAND PARK, FL 33334 CITY-ST-ZIP TITLE MCCLENNEN, JACQUELYN NAME STREET ADDRESS **4351 NE 12 TERRACE** OAKLAND PARK, FL 33334 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 of the reference 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 of the corporation of the changed, or on an atte th an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGN NG OFFICER OR DIRECTOR

Daytime Phone #