2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F83122

FILED Jan 06, 2007 Secretary of State

Entity Name: WRIGHT GOURMET HOUSE CORPORATION

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	ALE MABRY L 336292133				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	ALE MABRY L 336292133				
El Number	: 59-2200333	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Ci	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
	JEFFREY M ALE MABRY L 33629 US				
	e named entity so e of Florida.	ubmits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
31014/1101					
31314/113	Electroni	Signature of Registered Age	nt	Date	
		c Signature of Registered Age Trust Fund Contribution ().	nt	Date	
Election Ca		Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTOR	
Election Cal DFFICER Title: Name: Address:	mpaign Financing	Trust Fund Contribution (). ORS: Delete EY M G AVE			
Election Ca	S AND DIRECT PD ()I MOUNT, JEFFRE 1024 S STERLIN TAMPA, FL 336	Trust Fund Contribution (). ORS: Delete EY M G AVE 29 Delete TINE NG AVE.	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTOR	
Election Cal DFFICER. Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD ()I MOUNT, JEFFRE 1024 S STERLIN TAMPA, FL 336: MOUNT, VALENT 1024 S. STERLII TAMPA, FL 336:	Trust Fund Contribution (). ORS: Delete EY M G AVE 29 Delete TINE NG AVE. 29 Delete ST FL 3	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition	
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Address:	PD () I MOUNT, JEFFRE 1024 S STERLIN TAMPA, FL 336: SD () I MOUNT, VALENT 1024 S. STERLIN TAMPA, FL 336: D () I WEST, BRET 1000 LOUSIANA HOUSTON, TX 7	Trust Fund Contribution (). ORS: Delete EY M G AVE 29 Delete TINE NG AVE. 29 Delete ST FL 3 7002 Delete GG K, TRAIL	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition	

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:	JEFFREY M. MOUNT	PD	01/06/2007