2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F83122

Title:

Name:

Address:

City-St-Zip:

Entity Name: WRIGHT GOURMET HOUSE CORPORATION

FILED Jan 12, 2008 Secretary of State

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Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
1200 S. DA TAMPA, FL	LE MABRY 336292133						
Current Ma	niling Address	::	New Mailing Address:				
1200 S. DA TAMPA, FL	LE MABRY 336292133						
FEI Number:	59-2200333	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of	New Registered Agent:		
MOUNT, JE 1200 S. DA TAMPA, FL	LE MABRY						
The above in the State		ubmits this statement for the pu	urpose of changing it	s registered	office or registered agent, or both,		
SIGNATUR	E:						
	Electroni	Signature of Registered Ager	nt	Date			
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () I MOUNT, JEFFRE 1024 S STERLIN TAMPA, FL 336	IG AVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD () I MOUNT, VALENT 1024 S. STERLIN TAMPA, FL 336	NG AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () I WEST, BRET 1000 LOUSIANA HOUSTON, TX 7		Title: Name: Address: City-St-Zip:	D (X FRANKLIN, GF 20136 HERITA TAMPA, FL 33	AGE POINT		
Title: Name: Address: City-St-Zip:	D (X) FRANKLIN, GRE 2302 TOWERY T LUTZ, FL 33549	TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFREY M. MOUNT P 01/12/2008

(X) Delete

MOUNT, MELINDA M

NEW YORK, NY 10025

621 W 113TH ST

() Change () Addition