2006 FOR PROFIT CORPORATION

Mar 31, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # F93000003848** 1. Entity Name D&C FOODS, INC. Principal Place of Business Mailing Address 4030 JOHNS CREEK PARKWAY 4030 JOHNS CREEK PARKWAY SUWANEE, GA 30024 SUWANEE, GA 30024 No Chg-P CR2E034 (11/05) 03212006 DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 58-1954941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 7 applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME HOOVER, CARL HAYES U00000486339 04/13/06-80033-009 150.00 STREET ADDRESS 4030 JOHNS CREEK PKWY. SUWANEE, GA 30024 CHY-ST-ZOP DVPS TALL HOOVER, DUANE L NAME 4030 JOHNS CREEK PKWY. STREET ADDRESS CITY-ST-ZIP SUWANEE, GA 30024 TITLE BENNETT, PATRICIA H NAME 4030 JOHNS CREEK PKWY. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP SUWANEE, GA 30024 IN THIS SPACE TITLE HOOVER, DUANE L NAME 4030 JOHNS CREEK PKWY. STREET ADDRESS CITY-ST-ZIP SUWANEE, GA 30024 TITLE NAME STREET ADDRESS

12. I hereby 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: 4

CITY-ST-ZIP une NAME STREET ADDRESS CATY-ST-ZIP

> ione SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-06

70-497-4571

Daytime Phone #

FILED