Feb 20, 2006 08:00 AN DOCUMENT # F93000004271 1. Entity Name **Secretary of State** GARDEN FRESH DISTRIBUTION SERVICE INC. Principal Place of Business Mailing Address 700 RICHWOOD-BARNSBORO ROAD PO BOX 271 RICHWOOD NJ 08074 RICHWOOD NJ 08074 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 22-2820950 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JETTER, CHRISTIAN J JR Street Address (P.O. Box Number is Not Acceptable) 1255 W ATLANTIC BLVD STE 120 POMPANO BEACH FL 33069 City Zip Code FL 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 DATE Signature, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition ☐ Delete HILE TITLE NAME JETTER, MERVIN C JR. NAME 1100000441749 STREET ADDRESS STREET ADDRESS 146 SO. DELSEA DR. 03/03/06-80048-013 150.0G GLASSBORO NJ 08028 CITY-ST-ZIP CITY-SI-ZIP HITE Delete Change ☐ Addition JETTER, CHRISTIAN J HAME STREET ADDRESS STREET ADDRESS 114 MAGNOLIA AVE CITY-ST-ZIP CRY-ST-ZIP **PITMAN NJ 08071** ☐ Delete ☐ Change Addition THILE HAME STREE (ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED.

SIGNATURE: Charles of Physical Name of Signature and Types of Physical Name of Signature Physical Name

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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