

2005 FOR PROFIT CORPORATION ANNUAL REPORT


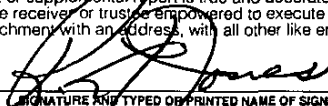
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Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90306 019 ***150.00

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04112005 Chg-P CR2E034 (10/03)

DOCUMENT # F94000000593					
1. Entity Name DAWN FOOD PRODUCTS, INC.					
Principal Place of Business 2021 MICOR DRIVE JACKSON, MI 49203			Mailing Address 2021 MICOR DRIVE JACKSON, MI 49203		
2. Principal Place of Business			3. Mailing Address 3333 Sergeant Rd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Jackson, MI		
Zip	Country	Zip	Country	4. FEI Number 35-1438925	
49201	USA	49201	USA	Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, RONALD L		NAME		
STREET ADDRESS	2021 MICOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MI		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, MARVEL C		NAME		
STREET ADDRESS	2021 MICOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MI		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, MILES E		NAME		
STREET ADDRESS	2021 MICOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MI		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAGLIEN, JEROME H		NAME		
STREET ADDRESS	2021 MICOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MI 49203		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NALLY, JOHN C		NAME	Carrie L Barber	
STREET ADDRESS	2021 MICOR DRIVE		STREET ADDRESS	3333 Sergeant Road	
CITY-ST-ZIP	JACKSON, MI		CITY-ST-ZIP	Jackson MI 49201	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/11/05					
Daytime Phone #					