


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90216 045 ***150.00

DOCUMENT # F94000000593 1. Entity Name DAWN FOOD PRODUCTS, INC.			
Principal Place of Business 2021 MICOR DRIVE JACKSON, MI 49203		Mailing Address 3333 SOIGOUT RD JACKSON, MI 49201	
2. Principal Place of Business 3333 SARGENT ROAD Suite, Apt. #, etc.		3. Mailing Address 3333 SARGENT ROAD Suite, Apt. #, etc.	
City & State JACKSON, MI Zip 49201 Country		City & State JACKSON, MI Zip 49201 Country	
4. FEI Number 35-1438925		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 Zip Code	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 JONES, RONALD L 2021 MICOR DRIVE JACKSON, MI	TITLE	C/D JONES, RONALD L 3333 SARGENT ROAD JACKSON, MI 49201
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S JONES, MARVEL C 2021 MICOR DRIVE JACKSON, MI	TITLE	P/D BARBER, CARRIE L 3333 SARGENT ROAD JACKSON, MI 49201
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD JONES, MILES E 2021 MICOR DRIVE JACKSON, MI	TITLE	CO-CHAIRMAN/D JONES, MILES E 3333 SARGENT ROAD JACKSON, MI 49201
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD BAGLIEN, JEROME H 2021 MICOR DRIVE JACKSON, MI 49203	TITLE	S/T/D BAGLIEN, JEROME H. 3333 SARGENT ROAD JACKSON, MI 49201
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V BERBY, CARRIEL 333 SOIGOUT RD JACKSON, MI 49201	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/24/06 Daytime Phone # 517-789-4400	