2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # F96000001310 1. Entity Name 04-05-2006 90148 048 ***150.00 FROZEN FOOD DEVELOPMENT, INC. Principal Place of Business Mailing Address 17055 PORTÆ VECCHIOWAY PO BOX 111030 NAPLES FL 34108 US NAPLES FL 34110 2. Principal Place of Busines 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 16-1430099 Not Applicable lanles Zip Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required - US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORY, GARY Street Address (P.O. Box Number is Not Acceptable) _1816-WOÓDBINE-CT **-MARÇO-ISLAND FL-34145** 17055 Ports Vecchio Way #201 Naples, FL 34/10 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition TITLE Gregory, Edith 17055 Porta Vecchio Wax #201 Fl 34110 V Change Addition Gregory, Gary 17055 Porta Vecchio Way #201 Naples, 17055 Porta Vecchio Way #201 Naples, 17055 Porta Vecchio Way #201 Naples, TITLE ☐ Delete GREGORY, EDITH NAME NAME STREET ADDRESS STREET ADDRESS 1816 WOODBINE COURT CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME GREGORY, GARY STREET ADDRESS STREET ADDRESS 1816 WOODBINE COURT CITY - ST - ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change THUE ☐ Delete TITLE NAME NAME 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 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 if changed, or on an attachment with an address, with all other like empowered.

PEGOLO F SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

3-31-06 239.593-0803