2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2007 8:00 am Secretary of State DOCUMENT # F96000001310 ~ 1. Entity Name 04-04-2007 90184 026 ***150.00 FROZEN FOOD DEVELOPMENT, INC. Principal Place of Business Mailing Address PO BOX 111030 /70 NAPLES FL 34108 17055 PORTA VECCHIO WAY NAPLES FL 34110 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7055 Porta Vecchio Way Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 201 City & Stato City & State Applied For 4. FEI Number 16-1430099 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGORY, GARY 17055 PORTA VECCHIO WAY 201 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34110 City 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, DATE (NOTE Registered Agent signature required which religiating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. ■ Addition TITLE Delete 1011 GREGORY, EDITH NAM NAME 17055 PORTA VECCHIO WAY 201 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY - ST - ZIP CITY-ST ZIP THE Change ☐ Addition ☐ Delete THE GREGORY, GARY NAMI NAME 17055 PORTA VECCHIO WAY 201 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CHY ST ZIP CITY - ST - ZIE ☐ Change Addition ☐ Defete THE TITLE NAMI NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CHY SI-7P 31111 Change Addition THILE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY SEZIF CHY SLZIP THE Delete HHI ☐ Change Addition NAME NAMI STREET LADDRESS STREET ADDRESS CHY SI-ZIP CHY ST-79 ☐ Change ☐ Addition DILE Delete 11111 NAME NAM STREET ADDRESS STREET ADDRESS CHY-SI ZIP CITY ST-71P 12. 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.

FILED

SIGNATURE: _4