


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # F96000004768 1. Entity Name KAYEM FOODS, INC.	
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Principal Place of Business 75 ARLINGTON ST CHELSEA, MA 02150-5728	Mailing Address 75 ARLINGTON ST CHELSEA, MA 02150-5728
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2050089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

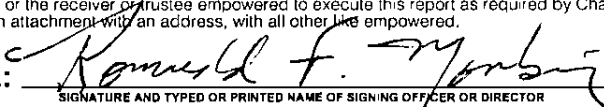
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or 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>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

000000894069
04/24/08 00013 010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONKIEWICZ, ROMUALD F 75 ARLINGTON ST CHELSEA, MA 021505728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONKIEWICZ, STEPHAN 75 ARLINGTON ST CHELSEA, MA 021505728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONKIEWICZ, PETER 75 ARLINGTON ST CHELSEA, MA 021505728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHER, STEPHEN 75 ARLINGTON ST CHELSEA, MA 021505728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, RONALD 75 ARLINGTON STREET CHELSEA, MA 021505728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 <u>4/7/08</u> Daytime Phone # _____