2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# G61693

Entity Name: HEALTH FOOD, INC.

Current Principal Place of Business:

5153 14 ST WEST
5153 14TH ST. W.
BRADENTON, FL 34207 US

New Principal Place of Business:

Current Mailing Address:

C/O ST.LEON, CLYDIE
5153 14TH ST. W.
BRADENTON, FL 34207 US

New Mailing Address:

FEI Number: 59-2390395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELDMAN, MARC H
3908-26 ST WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T (X) Delete
Name: ST LEON, CLYDE J,
Address: 1603 1ST AVE W
City-St-Zip: BRADENTON, FL 34205

Title: DP ( ) Delete
Name: EGAN, MARK,
Address: 3208 CAMBRIDGE DRIVE WEST
City-St-Zip: BRADENTON, FL

Title: VD (X) Delete
Name: SCHULTZ, CLIFFORD
Address: 12302 SR 62
City-St-Zip: PARISH, FL

Title: VP ( ) Delete
Name: YOUNG, GAYLE
Address: 4504 3RD ST. CT. W.
City-St-Zip: BRADENTON, FL

Title: V ( ) Delete
Name: BRAUNSTEIN, DONNA
Address: 5803 30TH ST. CT E
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK EGAN DP 04/26/2004

Electronic Signature of Signing Officer or Director — Date