2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G65768

FILED Feb 23, 2009 Secretary of State

Entity Name: FLORIDA NATURAL FLAVORS, INC. **Current Principal Place of Business: New Principal Place of Business:** 180 LYMAN RD SUITE 120 CASSELBERRY, FL 32707 **New Mailing Address: Current Mailing Address:** P.O. 181125 CASSELBERRY, FL 327181125 US FEI Number: 59-2349260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OAKES, DEBORAH G 854 N JÉRICO DR. CASSELBERRY, FL 32707 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ERDMAN, DAVID A., Name: Name: ERDMAN, DAVID A., 1550 DODD RD. 3060 KINGFISHER POINT Address: Address: City-St-Zip: WINTER PARK, FL City-St-Zip: CHULUOTA, FL 32766 Title: Title: () Change () Addition () Delete Name: ERDMAN, GARRY L., Name: 917 WESSON DR Address: Address: CASSELBERRY, FL 32707 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DEBORAH G. OAKES S 02/23/2009

above, or on an attachment with an address, with all other like empowered.

() Delete

OAKES, DEBORAH G

854 N. JERICO DRIVE

CASSELBERRY, FL

Title:

Name:

Address:

City-St-Zip:

() Change () Addition