


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90261 049 ***150.00

DOCUMENT # J57450		
1. Entity Name TRY-FOODS INTERNATIONAL, INC.		

Principal Place of Business 207 SEMORAN COMM. PLACE APOKA, FL 32703 US	Mailing Address 207 SEMORAN COMM. PLACE APOKA, FL 32703 US
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20001376



2. Principal Place of Business 333 Semoran Commerce Pl Suite, Apt. #, etc.	3. Mailing Address 333 Semoran Commerce Pl Suite, Apt. #, etc.
City & State Apopka, FL	City & State Apopka, FL
Zip 32703	Country USA

01032006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2796639	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROZELLE, JR., HARRY W 777 EAST ATLANTIC AVE SUITE 2 DELRAY BEACH, FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

[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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURRELL, DONNA 1785 GERTRUDE PLACE MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARINO, PATRICIA 207 SEMORAN COMMERCE PL APOKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 Semoran Commerce Pl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROZELLE, PATRICIA 207 SEMORAN COMMERCE PL APOKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 Semoran Commerce Pl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROZELLE, JR., HARRY W 207 SEMORAN COMMERCE PL APOKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 Semoran Commerce Pl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRACH, ROBERT W 207 SEMORAN COMMERCE PL APOKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 Semoran Commerce Pl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06

407-884-8011

Date

Daytime Phone #