## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J71832

Entity Name: DLA FOODS, INC.

FILED Feb 04, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	SADES DRIVE VILLE, FL 3222	1			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX 60636 JACKSONVILLE, FL 322367636			P.O. BOX 60636 JACKSONVILLE, FL 322367636 US		
FEI Number:	59-2806648	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LOTT, DOU 1010 PALIS JACKSON		1 US			
The above in the State		bmits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Carr	paign Financing 1	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D LOTT, DOUGLAS 1010 PALISADES JACKSONVILLE,	L DR	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	ST () D LOTT, M. SUZANN 1010 PALISADES JACKSONVILLE,	NE DR.	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	A ST () D ROCHELLE, ELIZ 14440 REUTERS' TAMPA, FL 3361	ABETH V FRASSE, #3	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name:	VP () D LOTT, RICKY L 7661 GORDEAN		Title: ( Name: Address:	) Change ( ) Addition	

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

City-St-Zip:

SIGNATURE: M. SUZANNE LOTT ST 02/04/2008

JACKSONVILLE, FL 32221

City-St-Zip: