2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE and typed or printed name of Signature and typed or printed name of Signature managing member, manager, or authorized representative

FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # L02000005 MEGA FOODS, LLC	5189				04-30-200	7 90071 018 ****	50.00
Principal Place of Business 5406 FAIR OAKS ST BRADENTON, FL 34203 US		Mailing Address 5406 FAIR OAKS ST BRADENTON, FL 34203						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb			oplied For	
Zip	Country	Zip Countr		try		of Status Desired	55.00 Add	ditional
6. Name and Address of Current Rugistered Agent				7. Name and Address of New Registered Agent Name				
PAGE, DA 5406 FAIR	OAKS ST			Street Address	(P.O. Box Numb	per is Not Acceptable	э)	
BRADENT	ON, FL 34203							
	,			City			FL Zip Cod	e
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or regist	ered agent, or b	oth, in the State of Fic	orida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signat ure requir	red when reinstating)		DATE	
Filing Fee is \$50.00						Mak	e check payable to	
Due by May 1, 2007							a Department of Stat	e
9.	MANAGING MEMBI	ERS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS	/CHANGES	
TITLE	MGR PAGE, DAVID G	☐ Delete	TITLE	ſ			☐ Change	Addition
NAME STREET ADDRESS	5406 FAIR OAKS ST		NAM Stre	ET ADDRESS				
CITY-ST-ZIP	BRADENTON, FL 34203		CITY	-ST-ZIP				
TITLE	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	WILDMAN, LINDA FAYE 5406 FAIR OAKS ST		NAM STRE	ET ADDRESS				
CITY-ST-ZIP	BRADENTON, FL 34203		CITY	-ST-ZIP				
TITLE		☐ Delete	TITLE	,			☐ Change	Addition
NAME STREET ADDRESS			NAM	E				
GINEEL PERENCOL	!		9972	ET ADDRESS				
CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
CITY-ST-ZIP		☐ Delete		-ST-ZIP			Change	☐ Addition
TITLE NAME		☐ Delete	CITY TITLE NAM	-ST-ZIP E E			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	certify that the information supplied wit on this report is true and accurate and ability company or the receiver or truste	Delete Delete this filing does not qualify for	CITY THEE NAM STRE CITY THEE NAM STRE CITY THEE CITY THEE The exe	-ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E ADDRESS -ST-ZIP	' made under oal	h; that I am a manag	☐ Change☐ Cha	Addition Addition