2006 LIMITED LIABILITY COMPANY

Apr 17, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L04000036352 1. Entity Name GLS FOODS, L.L.C. Principal Place of Business Mailing Address 9207 ADAMO DRIVE EAST 9207 ADAMO DRIVE EAST TAMPA, FL 33619 TAMPA FL 33619 CR2E083 (11/05) 02052008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1150497 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL J ESQ DO NOT WRITE 791 W. LUMSDEN RD. BRANDON, FL 33511 IN THIS SPACE 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, typed or pricted name of registered agen) and title if applicable (NOTE: Registered Agent signature required when remarating) DATE Filing Fee is \$50.00 Due by May 1, 2005 U00000051632**5** 04/29/06-80245-003 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE S. WOODS ENTERPRISES, INC NAME 9207 ADAMO DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 MGRM WOODS, SANFORD L SR NAME 15303 BURLSEY COURT STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 TeTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE MAME STREET ADDRESS

11. It hereby certify that the information supplied with this filling do indicated on this report is true and accurate and the my significant hability company or the receiver or trustee sinpolysacid. for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information to the same legal effect as if made under cath, that I am a managing member or manager of the is epon as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME SISSET ADDRESS CITY-ST-ZIP

04/11/2006

813.620.4300x201

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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