2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jun 22, 2006 8:00 am **Secretary of State DOCUMENT # L94000000642** 1. Entity Name 06-22-2006 90196 007 ****50.00 WHARF FOODS, L.C. Principal Place of Business Mailing Address 5365 STEWART ST. 5365 STEWART ST. MILTON, FL 32570 MILTON, FL 32570 06112006No Cha-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3285242 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KNUDSEN, DAVID DO NOT WRITE **5365 STEWART STREET** MILTON, FL 32570 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. Knudsa SIGNATURE. Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by September 6, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE KNUDSEN, DAVID NAME STREET ADDRESS 5365 STEWART ST. CITY-ST-ZIP MILTON, FL 32570 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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