

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90248 035 ****50.00

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| DOCUMENT # M03000001322 |  |
| 1. Entity Name ENERGY FOODS OF AMERICA, LLC | |

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| Principal Place of Business 777 SOUTH FLAGLER DRIVE, EAST TOWER STE 1000 WEST PALM BEACH, FL 33401 | Mailing Address 777 SOUTH FLAGLER DRIVE, EAST TOWER STE 1000 WEST PALM BEACH, FL 33401 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



01042007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 90-0066655 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | 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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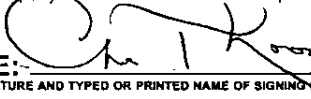
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR NOONAN, CHARLES T 777 SOUTH FLAGLER DRIVE, EAST TOWER WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 SOUTH FLAGLER DRIVE, SUITE 1000E |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR ABRAHAM, S. DANIEL 777 S. FLAGLER DRIVE, SUITE 100E WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 SOUTH FLAGLER DRIVE, SUITE 1000E |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR STEINBERG, EDWARD L. 777 S. FLAGLER DRIVE, SUITE 100E WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 SOUTH FLAGLER DRIVE, SUITE 1000E |
| 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 |
| 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 |
| 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 |

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.

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| SIGNATURE:  CHARLES T. NOONAN 4-5-07 | Date |
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