2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N18676

Entity Name: FOOD FOR LIFE NETWORK, INC.

Current Principal Place of Business:

3510 BISCAYNE BLVD.
SUITE 209
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3510 BISCAYNE BLVD.
SUITE 209
MIAMI, FL 33137

New Mailing Address:

FEI Number: 59-2815277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BESKIN, JAY R
401 E. LAS OLAS BLVD.
STE. 1850
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BESKIN, JAY
Address: 401 E LAS OLAS BLVD. #1350
City-St-Zip: FT LAUDERDALE, FL 33301 US

Title: S/T ( ) Delete
Name: MCLEAN, GEORGIA
Address: 11911 S.W. 79TH. TERRACE
City-St-Zip: MIAMI, FL 33183 US

Title: V ( ) Delete
Name: NEWELL, JUDY
Address: 2440B ROOSEVELT ST.
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: ED ( ) Delete
Name: SICLARI, RICHARD JR
Address: 3510 BISCAYNE BLVD #300
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SICLARI ED 01/16/2009

Electronic Signature of Signing Officer or Director — Date