2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P00000001532

Entity Name: MOS' GOURMET BAKERY & DELICATESAN, INC.

Current Principal Place of Business:

17004 PALM POINTE DR.
TAMPA, FL 33649

New Principal Place of Business:

Current Mailing Address:

13808 CANDIDATE PLACE
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-3604854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, OLIVER
13808 CANDIDATE PLACE
TAMPA, FL 33613 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LEWIS, OLIVER	
Address:	13808 CANDIDATE PLACE	
City-St-Zip:	TAMPA, FL 33613	
Title:	VD	( ) Delete
Name:	LEWIS, SHARON L	
Address:	13808 CANDIDATE PLACE	
City-St-Zip:	TAMPA, FL 33613	
Title:	TD	( ) Delete
Name:	LEWIS, OLIVER JR	
Address:	13808 CANDIDATE PLACE	
City-St-Zip:	TAMPA, FL 33613	
Title:	SEC	( ) Delete
Name:	LEWIS, MI CHELE E	
Address:	13808 CANDIDATE PLACE	
City-St-Zip:	TAMPA, FL 33613	
Title:	D	( ) Delete
Name:	LEWIS, LEROY	
Address:	17309 LYNNETTE DR	
City-St-Zip:	LUTZ, FL 33549	
Title:	D	( ) Delete
Name:	PATTON, MARY	
Address:	8607 ORANGEVIEW	
City-St-Zip:	TAMPA, FL 33612	

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

SIGNATURE: OLIVER LEWIS PD 04/30/2007

Electronic Signature of Signing Officer or Director — Date