


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90481 013 \*\*\*150.00

<b>DOCUMENT # P00000060724</b>	
1. Entity Name <b>MOBILE FRESH, INC.</b>	

Principal Place of Business <b>4014 EASTRIDGE DRIVE VALRICO, FL 33594</b>	Mailing Address <b>4014 EASTRIDGE DRIVE VALRICO, FL 33594</b>
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**94066088**

2. Principal Place of Business <b>4208 Imperial Eagle dr.</b> Suite, Apt. #, etc. <b>Valrico, FL</b> City & State <b>Valrico, FL</b> Zip <b>33594</b> Country <b>USA</b>	3. Mailing Address <b>4208 Imperial Eagle dr.</b> Suite, Apt. #, etc. <b>Valrico, FL</b> City & State <b>Valrico, FL</b> Zip <b>FL</b> Country <b>USA</b>
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04152004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>BENING, BRADLEY S 4208 IMPERIAL EAGLE DR VALRICO, FL 33594</b>	
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4. FEI Number <b>59-3662650</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 *Bradley S Bening* DATE 4-15-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENING, BRADLEY S 4208 IMPERIAL EAGLE DR VALRICO, FL 33594 <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	D BENING, BRENDA S 4208 IMPERIAL EAGLE DR VALRICO, FL 33594 <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	D PELLO, CHRIS 4208 IMPERIAL EAGLE DR VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brandon Glatf 4229 BALINGTON DR. VALRICO, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Angela Glatf 4229-BALINGTON-DR. VALRICO, FL 33594 <input type="checkbox"/> Change <input checked="" 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bradley S Bening* DATE 4-15-04 (813) 299-4420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR