FILED May 01, 2006 8:00 am Secretary of State

2006	FOR	PROFI	T COF	RPORA	TION
	A	NNUAI	L REP	ORT	

DOCUMENT # P00000 1. Entity Name CHRISTINI'S FOOD CORP.	0073063	05-01-2006 90366 007 ***150.00				
Principal Place of Business 7600 DR PHILLIPS BLVD ORLANDO, FL 32819	Mailing Address 7600 DR PHILLIPS BL ORLANDO, FL 32819	VD				
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	04262006 Chg-P CR2E034 (11/05)			
City & State	City & State	•	4. FEI Number Applied For 59-3673651 Not Applica			
Zip Country	Zip	Country	Certificate of Status Desired			
6. Name and Address of	Current Registered Agent	Name	7. Name and Address of New Registered Agent			
LIVINGSTON, EDWARD M 628 ELLEN DRIVE WINTER PARK, FL 32789			Street Address (P.O. Box Number is Not Acceptable)			
· ·		City	FL Zip Code			
	ement for the purpose of changing its	registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and acce			
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of regist	ered agent and title it applicable. (NOT	FE: Registered Agent signature req	quired when remistating) DATE			
FILE NOW!!! FEE IS \$150 After May 1, 2008 Fee will be			\$5.00 May Be Added to Fees			
	RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P NAME CHRISTAKOS, CHRISTO STREET ADDRESS 9267 POINT CYPRESS D		TITLE NAME STREET ADDRESS	☐ Change ☐ Addil			
CITY-ST-ZIP ORLANDO, FL 32836 TITLE VP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addii			
NAME CHRISTAKOS, CATERIN STREET ADDRESS 9267 POINT CYPRESS D	A	NAME STREET ADDRESS CITY-ST-ZIP				
CITY-S1-ZIP ORLANDO, FL 32836 TITLE S NAME CHRISTAKOS, ANGELA	Q Oelete	TITLE NAME	☐ Change ☐ Addid			
STREET ADDRESS 9267 POINT CYPRESS DICTY-ST-ZIP ORLANDO, FL 32836	PR	STREET ADDRESS CITY-S1-ZIP				
TITLE T ZAVERDAS, ELLI C STREET ADDRESS 9267 POINT CYPRESS D	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addi			
CITY-ST-ZIP ORLANDO, FL 32836 TITLE NAME STREET ADDRESS	☐ Delete	CITY-ST-ZIP TITLE S NAME C STREET ADDRESS F	S Change Addition Change Addition Change Addition Change Addition Change Addition Change Change Addition Change Addition Change Addition Change Addition Change Addition Change Change Addition Change Change Addition Change Chan			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi			
I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver or true changed, or on an attachment with an analysis.	blied with this filing does not qualify if report to true and accurate and that see empowered to execute this repor- tions with all other like empowered	or the exemptions contain my signature shall have to t as required by Chapter d.	ained in Chapter 119. Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11			
SIGNATURE:	YPED OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	4/27/06 407 341-877 Date Daywe Phone *			