2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073063

Name: Address:

City-St-Zip:

9267 POINT CYPRESS DR

ORLANDO, FL 32836

FILED Apr 28, 2007 Secretary of State

Entity Name: CHRISTINI'S FOOD CORP. **Current Principal Place of Business: New Principal Place of Business:** 7600 DR PHILLIPS BLVD ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 7600 DR PHILLIPS BLVD ORLANDO, FL 32819 FEI Number: 59-3673651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LIVINGSTON, EDWARD M PAGE, FRANK L 5010 WINWOOD WAY 628 ELLEN DRIVE WINTER PARK, FL 32789 US US ORLANDO, FL 32819 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: FRANK L PAGE 04/28/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CHRISTAKOS, CHRISTOS Name: Name: 9267 POINT CYPRESS DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition CHRISTAKOS, CATERINA Name: Name: 9267 POINT CYPRESS DR Address: Address: ORLANDO, FL 32836 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ZAVERDAS, ELLI C Name: Name: 9267 POINT CYPRESS DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: Title: () Delete Title: () Change () Addition CHRISTAKOS, HELEN

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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: CHRISTOS CHRISTAKOS 04/28/2007