2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 07, 2007 8:00 am Secretary of State **DOCUMENT # P01000122417** 05-07-2007 90065 031 ***150.00 FLAVOURS OF FRANCE INC. Principal Place of Business Mailing Address 54 MAIN ST 54 MAIN ST ROSEMARY, FL 32461 ROSEMARY, FL 32461 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box # 611105 Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chq-P CR2E034 (12/06) 54 MAIN ST. City & State City & State 4. FEI Number Applied For BEACH, FLORIDA ROSEMARY 33-1007543 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired UŚA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVE. TALLAHASSEE, FL 32301 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE COKRECTION D'Change TITLE ☐ Delete ☐ Addition NAME ELIZABETH HAWLEY, MARCIA NAME STREET ADDRESS 42 GARRISON VILLAGE DRIVE, RR \$3 STREET ADDRESS 42 GARRISON VILLAGE DR, NIGARA ON LAKE CITY-ST-ZIP ONTARIO CANADA LOS 1J0. CITY-ST-ZIP NIAGARA ON THE LAKE, ONTARIO, CANADA LOS IJO TITLE ☐ Delete TITLE CORRECTION Thange Addition RYAN HAWLEY, JOHN NAME NAME STREET ADDRESS 42 GARRISON VILLAGE DR, NIGARA ON LAKE STREET ADDRESS 42 GARRISON VILLAGE DRIVE, RR#3 CITY-ST-ZIP ONTARIO CANADA LOS 1J0. CITY-ST-ZIP NIAGARA ON THE LAKE, ONTARIO, CANADA LOS IJO TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 witi adgress, with all other

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CIG

FILED

I tried to do Trus on-line but was unable! Plase do not charge me a elate Lee since I should have been able to do this April 30 on line. /hanhy

Mart