2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# P01000122514

Entity Name: T.W. FOOD DISTRIBUTORS, INC.

Current Principal Place of Business:

2375 VISTA PARKWAY
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

2375 VISTA PARKWAY
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 04-3614077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YEE, KAN
2375 VISTA PARKWAY
WEST PALM BEACH, FL 33411 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: DP ( ) Delete
Name: YEE, KAN
Address: 2375 VISTA PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: YEE, TUEY
Address: 2375 VISTA PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DVS ( ) Delete
Name: CHOW, ANISE
Address: 2375 VISTA PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DVS ( ) Delete
Name: CHOW, HOWARD
Address: 2375 VISTAS PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANISE CHOW DVS 02/14/2007

Electronic Signature of Signing Officer or Director Date