2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000082287

1. Entity Name
THE FLEMING GROUP INC. USA

Principal Place of Business	Mailing Address
2200 N PONCE DE LEON BLVD 10 SAINT AUGUSTINE, FL 32084	10 CEDARWOOD COURT PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE

04102007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
05-0551590	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OCONNELL, WILLIAM H
2200 N PONCE DE LEON BLVD
10
SAINT AUGUSTINE, FL 32084

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLEMING, LORRAINE
STREET ADDRESS	10 CEDARWOOD COURT
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	
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05/15/07-80060-001 150.00

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12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.

SIGNATURE: _____   4/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #