2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State DOCUMENT # P02000125241 05-02-2006 90197 013 ***150.00 1. Entity Name AVY FOOD GROUP, INC. Principal Place of Business Mailing Address 598 S RONALD REAGAN BLVD 598 S RONALD REAGAN BLVD LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 22-3883352 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOLEY, EDWARD R ESQ Street Address (P.O. Box Number is Not Acceptable) SHEPARD, MCCABE + COOLEY 1450 SR 434 WEST, STE 200 LONGWOOD FL 32750 Zip Code FL 8. The above named entity supmits 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, typied or profest name of registered agent and line it applicable (NOTE: Registered Agent signature required when resistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. BILLE ☐ Delete TITLE ☐ Change ☐ Addition TATO, MANUEL II NAME STREET ADDRESS STREET ADDRESS 598 S RONALD REAGAN BLVD CITY-ST-7/P CITY-ST-7IP LONGWOOD FL 32750 TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED