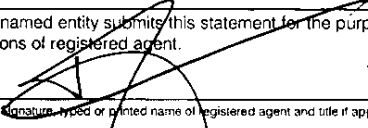
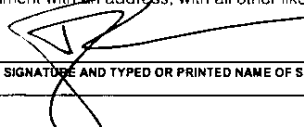


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90033 036 ***150.00

DOCUMENT # P02000126013 1. Entity Name NEIGHBORHOOD PASTA COMPANY					
Principal Place of Business 1400 30TH ST 2ND FL STE B NICEVILLE, FL 32578			Mailing Address 1400 30TH ST 2ND FL STE B NICEVILLE, FL 32578		
2. Principal Place of Business - No P.O. Box # 601 Main Street		3. Mailing Address 601 Main Street			
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102			
City & State Hazard, KY		City & State Hazard, KY		4. FEI Number 75-3089832	
Zip 41701		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, THERESA 1400 30TH ST 2ND FL STE B NICEVILLE, FL 32578				7. Name and Address of New Registered Agent Name Johnson, Theresa H Street Address (P.O. Box Number is Not Acceptable) 4540 Southwinds Drive City Miramar Beach FL Zip Code 32550	
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  Theresa H. Johnson DATE 7/25/2007 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, THERESA 1400 30TH ST 2ND FL STE B 4540 Southwinds Dr NICEVILLE, FL 32578 Miramar Beach, FL 32550		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, MARTY 1400 30TH ST 2ND FL STE B 4540 Southwinds Dr NICEVILLE, FL 32578 Miramar Beach, FL 32550		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEIN, JOHN 5258 CTR DR LATROBE, PA 15650		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Theresa H. Johnson DATE 7/25/2007 606-436-0736 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					