2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000128096

City-St-Zip:

FT MYERS, FL 33967 US

FILED Aug 16, 2007 Secretary of State

Entity Name: JET FRESH FOODS, INC. **Current Principal Place of Business: New Principal Place of Business:** 28651 N. DIESEL DRIVE UNIT#4 BONITA SPRINGS, FL 34135 **New Mailing Address: Current Mailing Address:** 28651 N. DIESEL DRIVE UNIT#4 BONITA SPRINGS, FL 34135 FEI Number: 57-1155995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VEHLHABER, DON R 5847 WHISPÉRWOOD COURT NAPLES, FL 34110 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: DPST (X) Change () Addition VEHLHABER, DON R Name: Name: VEHLHABER, DON R 5847 WHIPERWOOD CT 5847 WHIPERWOOD CT Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: DP Title: () Delete (X) Change () Addition Name: VEHLHABER, KATHLEEN K Name: VEHLHABER, KATHLEEN K 5847 WHIPERWOOD CT 5847 WHIPERWOOD CT Address: Address: NAPLES, FL 34110 NAPLES, FL 34110 City-St-Zip: City-St-Zip: Title: DT (X) Delete Title: () Change () Addition TOBACK, JEREMY Name: Name: 12422 ROCK RIDGE LANE Address: Address: City-St-Zip: FT MYERS, FL 33913 US City-St-Zip: Title: () Delete Title: () Change () Addition LAWRENCE, SHERRI L Name: Name: Address: 8486 GARDEN ROAD Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: DON R VEHLHABER DPST 08/16/2007