2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# P03000068853

Entity Name: SALAD CREATIONS OF AMERICA, INC.

Current Principal Place of Business:

5100 W. COPANS ROAD
SUITE 410
MARGATE, FL 33063

New Principal Place of Business:

5100 W. COPANS ROAD
SUITE 300
MARGATE, FL 33063

Current Mailing Address:

5100 W. COPANS ROAD
SUITE 410
MARGATE, FL 33063

New Mailing Address:

5100 W. COPANS ROAD
SUITE 300
MARGATE, FL 33063

FEI Number: 80-0068982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLATER & ASSOCIATES, P.A.
2645 EXECUTIVE PARK DRIVE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

LEVINE, JEFF
5100 W. COPANS ROAD
SUITE 300
MARGATE, FL 33063 US

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: JEFF LEVINE 04/05/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: LEVINE, JEFF
Address: 5100 W. COPANS ROAD, SUITE 410
City-St-Zip: MARGATE, FL 33063

Title: VPSD ( ) Delete
Name: SPUCK, ROBERT
Address: 5100 W. COPANS ROAD, SUITE 310
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: LEVINE, JEFF
Address: 5100 W. COPANS ROAD, SUITE 300
City-St-Zip: MARGATE, FL 33063

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: JEFF LEVINE PTD 04/05/2007
Electronic Signature of Signing Officer or Director Date