2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106738

Entity Name: MEDITERRANEAN MEALS, INC.

ALESSANDRO, TANIA IAN D

MARCO ISLAND, FL 34145

1010 NORTH BARFIELD DRIVE

Name:

Address:

City-St-Zip:

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1010 NORTH BARFIELD DRIVE MARCO ISLAND, FL 34145 **Current Mailing Address: New Mailing Address:** 1010 NORTH BARFIELD DRIVE MARCO ISLAND, FL 34145 FEI Number: 05-0587897 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: WOODWARD, CRAIG R 606 BALD EAGLE DRIVE, SUITE 500 MARCO ISLAND, FL 34146 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BUTRUM, LARA Name: Name: 1010 NORTH BARFIELD DRIVE Address: Address: City-St-Zip: MARCO ISLAND, FL 33145 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SAITTA, MELISSA Name: 1010 NORTH BARFIELD DRIVE Address: Address: MARCO ISLAND, FL 34145 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SAITTA, SEBASTIAN Name: Name: 1010 NORTH BARFIELD DRIVE Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

ALESSANDRO, TANIA D

1010 NORTH BARFIELD DRIVE

MARCO ISLAND, FL 34145

SIGNATURE: MELISSA SAITTA MS. 04/06/2009