

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109949

Entity Name: OLIVE YOU EAT WELL, INC.

FILED
May 03, 2005
Secretary of State

Current Principal Place of Business:

609 SW 12TH STREET
GAINESVILLE, FL 32601 US

New Principal Place of Business:

4219 NW 16TH BLVD
GAINESVILLE, FL 32605 US

Current Mailing Address:

609 SW 12TH STREET
GAINESVILLE, FL 32601 US

New Mailing Address:

4219 NW 16TH BLVD
GAINESVILLE, FL 32605 US

FEI Number: 27-0068622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERT, MONICA J
609 SW 12TH STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBERT, MONICA J
Address: 609 SW 12TH STREET
City-St-Zip: GAINESVILLE, FL 32601 US

Title: VP () Delete
Name: GIAMPOLA, LITA A
Address: 609 SW 12TH STREET
City-St-Zip: GAINESVILLE, FL 32601 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GIAMPOLA, LITA A
Address: 10809 NW 18TH CT
City-St-Zip: GAINESVILLE, FL 32606 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MONICA ALBERT

P

05/03/2005

Electronic Signature of Signing Officer or Director

Date