2007 FOR PROFIT®CORPORATION FILED **ANNUAL REPORT** May 01, 2007 08:00 AM Secretary of State **DOCUMENT # P03**000127876 1. Entity Name HEALTH & FOOD SAFETY GROUP, INC. Principal Place of Business Mailing Address P.O. BOX 4433 401 S. 3RD ST. DAYTON, OH 45401-4433 LANTANA, FL 33462 No Chg-P CR2E034 (11/05) 04292007 DO NOT WRITE IN THIS SPACE 4. FEI Number 77-0615369 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHRISTIAN, THEODORE G DO NOT WRITE 401 S. 3RD ST. LANTANA, FL 33462 IN THIS SPACE 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 except the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CHRISTIAN, THEODORE G NAME STREET ADDRESS 401 S. 3RD ST. 000000751970 05/18/07-80125-006 158.75 CITY-ST-ZIP LANTANA, FL 33462 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

DO NOT WRITE IN THIS SPACE

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 of 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:

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS

Applied For

Not Applicative