2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017728

Address:

City-St-Zip:

FILED Jul 07, 2008 Secretary of State

Entity Na	me: INNOVA	FIVE FOOD HOLDINGS, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
1923 TRA NAPLES, I	DE CENTER V FL 34109	VAY	SUITE 1	1923 TRADE CENTER WAY SUITE 1 NAPLES, FL 34109 New Mailing Address:			
Current N	lailing Addre	ss:	New Maili				
1923 TRA NAPLES, I	DE CENTER V FL 34109	VAY	1923 TRAI SUITE 1 NAPLES, F	DE CENTER FL 34109	WAY		
FEI Number	: 10-0002630	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired	()	
Name and	l Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	NOVATIONS IN DE CENTER V FL 34109 L		1923 TRAI SUITE 1	FOOD INNOVATIONS INC. 1923 TRADE CENTER WAY SUITE 1 NAPLES, FL 34109 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or	⁻ both,	
SIGNATUI	RE: JOHN M	CDONALD		07/07/2008			
	Electro	nic Signature of Registered Ag	jent		Date		
		3(2)(b), F.S., the corporation did r	ot receive the prior notic	e.			
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). ·TORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRE	ECTORS	
Title: Name: Address: City-St-Zip:	P (KLEPFISH, SA 1983 NEW YO BROOKLYN, N	RK AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	COO (ZIAKAS, ZACK 4210 2ND AVE NAPLES, FL 3	SE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DIR (FERRONE, MIO 119 ALPINE AV OAKS BLUFF,	/E	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DIR (GOLD, JOEL 874 EAST 9TH BROOKLYN, N		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	() Delete	Title:	CIO () Change (X) 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.

Address:

City-St-Zip: FORT MYERS, FL 33907

SIGNATURE: JOHN A MCDONALD CIO 07/07/2008

13981 LAKE MAHOGANY BLVD UNIT 2513