

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000020912 1. Entity Name FOOD INFORMATION SERVICES, INC.						FILED 05 MAR 17 PM 4:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA 40018688 02/15/05 90020 014 \$150.00 	
Principal Place of Business 1650 NE 26TH STREET SUITE 101 WILTON MANORS, FL 33305				Mailing Address 1650 NE 26TH STREET SUITE 101 WILTON MANORS, FL 33305			
2. Principal Place of Business		3. Mailing Address do Brian W. Raines					
Suite, Apt. #, etc.		Suite, Apt. #, etc. 701 SE 7th Ave., Unit 7					
City & State		City & State Pompano Beach, FL.					
Zip	Country	Zip 33060	Country	4. FEI Number 01-0808624			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent BIRR, JAMES O JR 1650 NE 26TH STREET SUITE 101 WILTON MANORS, FL 33305						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete RAINES, BRIAN W 701 SE 7TH AVENUE, UNIT 7 POMPAHO BEACH, FL 33060			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.							
SIGNATURE				Feb. 17/05 954-786-9164			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			