2007 FOR PROFIT CORPORATION

Apr 24, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000078509** 04-24-2007 90007 018 ***150.00 1. Entity Name HEALING GOURMET, INC. Principal Place of Business Mailing Address 4448 EDGEWATER DRIVE 4448 EDGEWATER DRIVE ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1141143 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOGGIE, DONNA M Street Address (P.O. Box Number is Not Acceptable) 4448 EDGEWATER DR ORLANDO, FL 32804 City 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 SIGNATURE Signature, typed or printed name of registered agent and title (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP Delete TITLE ☐ Addition ☐ Change NAME LOGGIE, DONNA M NAME STREET ADDRESS 4448 EDGEWATER DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32804 CITY-ST-ZIP DST TITLE □ Delete TITLE Change ☐ Addition SCHIAVI, MARIA A NAME NAME STREET ADDRESS 4448 EDGEWATER DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32804 CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED