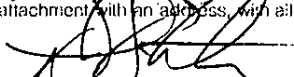


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                                                               |                                                                                                                        |                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000101361</b>                                                                                                                                                                                                |                                                                                                               |                                       |                                                                                                                        |
| 1. Entity Name<br><b>PROMENADE FOODS, INC.</b>                                                                                                                                                                                |                                                                                                               |                                                                                                                        |                                                                                                                        |
| Principal Place of Business<br><b>125 W INDIANTOWN RD<br/>STE 204<br/>JUPITER FL 33458</b>                                                                                                                                    |                                                                                                               | Mailing Address<br><b>125 W INDIANTOWN RD<br/>STE 204<br/>JUPITER FL 33458</b>                                         |                                                                                                                        |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |                                                                                                               | 3. Mailing Address                                                                                                     |                                                                                                                        |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                                                                                               | Suite, Apt. #, etc.                                                                                                    |                                                                                                                        |
| City & State                                                                                                                                                                                                                  |                                                                                                               | City & State                                                                                                           |                                                                                                                        |
| Zip                                                                                                                                                                                                                           | Country                                                                                                       | Zip                                                                                                                    | Country                                                                                                                |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                               |                                                                                                               | 7. Name and Address of New Registered Agent                                                                            |                                                                                                                        |
| <b>HAMBY, LOUIS L III<br/>321 ROYAL POINCIANA PLAZA<br/>PALM BEACH FL 33480</b>                                                                                                                                               |                                                                                                               | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when rechartering)</small>                                     |                                                                                                               |                                                                                                                        |                                                                                                                        |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                        |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                  |                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | PTS<br>STEINHAVER, DAVID L<br>125 W INDIANTOWN RD STE 204<br>JUPITER FL 33458 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000818414<br/>02/15/08-80042-022 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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:**  **DAVID Stanham**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **2/4/08** 567 745 5660