2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113459

Entity Name: GOURMET DELIGHTS, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

11362 SAN JOSE BLVD. 11018 OLD ST. AUGUSTINE RD.

#138 #12

JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

4257 CHIPPENDALE CIR 8787 SOUTHSIDE BLVD. JACKSONVILLE, FL 32257

3508

JACKSONVILLE, FL 32256

FEI Number: 41-2150265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

KHALAFYAN, SAMVEL KHALAFYAN, SAMVEL Name: Name: 4257 CHIPPENDALE CIR 8787 SOUTHSIDE BLVD. #3508 Address: Address:

JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip:

() Delete Title: Title: (X) Change () Addition KHALAFYAN, VICTORIYA KHALAFYAN, VICTORIYA Name: Name:

4257 CHIPPENDALE CIR Address: 8787 SOUTHSIDE BLVD. #3508 Address: JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip:

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.

SIGNATURE: OFFICER/DIRECTOR KHALAFYAN SAMVEL D 04/24/2007