2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118410

Entity Name: SPOONFED. INC

FILED Jun 30, 2005 Secretary of State

| Littly Na | ille. SPOONI | ED, INC. | | | |
|---|---|---|--|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | Г 28TH STREE RK, NY 10001 | ĒΤ | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 548 WEST 28TH STREET NEW YORK, NY 10001 | | | 548 WEST 28TH STREET SUITE 5B NEW YORK, NY 10001 | | |
| FEI Number | : 20-1499442 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| | PAUL / 11TH STREE KE PINES, FL | | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its register | ed office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| Electronic Signature of Registered Agent | | | gent | Date | |
| | | 93(2)(b), F.S., the corporation did g Trust Fund Contribution (). | not receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DEL CASTILLO | H STREET APT 2-0 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ST (BENALTABA, 0 20 BRAISTED STATEN ISLAN | AVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V (FEBRES, ANG 8400 DUNDEE MIAMI LAKES, | TERRACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OFEER BENALTABA ST 06/30/2005