2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118410

Entity Name: SPOONFED, INC.

Name:

Address:

City-St-Zip:

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 548 WEST 28TH STREET NEW YORK, NY 10001 **Current Mailing Address: New Mailing Address:** 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 of New Registered Agent: RONCA, PAUL 17912 NW 11TH STREET US PEMBROKE PINES, FL 33029 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 DEL CASTILLO, MANUEL BENALTABA, OFEER Name: Name: 155 EAST 34TH STREET APT 2-0 20 BRAISTED AVE Address: Address: City-St-Zip: NEW YORK, NY 10016 City-St-Zip: STATEN ISLAND, NY 10314 Title: Title: VΡ () Delete (X) Change () Addition MORAN, ALBERTO Name: BENALTABA, OFEER Name: 20 BRAISTED AVE 400 ALTON ROAD #1509 Address: Address: STATEN ISLAND, NY 10314 City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33139 Title: (X) Change () Addition () Delete Title: FEBRES, ANGEL FEBRES, ANGEL Name: Name: 8400 DUNDEE TERRACE 8400 DUNDEE TERRACE Address: Address: City-St-Zip: MIAMI LAKES, FL 33029 City-St-Zip: MIAMI LAKES, FL 33029 Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SPECTOR, WILLIAM

NEW YORK, NY 10010

506 LA GUARDIA PLACE 3RD FLOOR

Ρ SIGNATURE: OFEER BENALTABA 04/27/2006