2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136975

Entity Name: FLAVOR FRESH, INC.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 3088 IMMOKALEE, FL 34143 US FEI Number: 20-1709300 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: WEISINGER, SHERYL A WHITESMAN, GUY E 1715 MONROE STREET 315 EAST NEW MARKET ROAD FORT MYERS, FL 33901 US IMMOKALEE, FL 34142 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: GUY E. WHITESMAN 01/30/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete Title: (X) Change () Addition WEISINGER, SHERYL A WEISINGER, SHERYL A Name: Name: 315 EAST NEW MARKET ROAD 315 EAST NEW MARKET ROAD Address: Address: IMMOKALEE, FL 34142 US City-St-Zip: IMMOKALEE, FL 34142 US City-St-Zip: VΡ Title: Title: () Delete (X) Change () Addition Name: DESSAK, PETER Name: DESSAK, PETER 315 EAST NEW MARKET ROAD 315 EAST NEW MARKET ROAD Address: Address: IMMOKALEE, FL 34142 US IMMOKALEE, FL 34142 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition WEISINGER, JAIME Name: Name: 315 EAST NEW MARKET ROAD Address Address: City-St-Zip: City-St-Zip: IMMOKALEE, FL 34142 US

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: TOBY K. PURSE V 01/30/2007

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