## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # P04000169179  1. Entity Name PARTY FOOD PRODUCTS, INC.					03-20-2006 90001 012 ***150.00	
Principal Plac	e of Business	Mailing Address				
4720 AGUILA PLACE ORLANDO, FL 32826		20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801		f	THE REPORT OF THE PARTY AND A STATE OF THE PARTY AND A STATE OF THE PARTY OF THE PA	
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172006 Chg-P CR2E034 (11/05)	
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired Sa.75 Additional Fee Required	
ļ	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent	
HENDRY STONER DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801				Name Hendry, Stoner, Calandrino & Brown, P.A.  Street Address (P.O. Box Number is Not Acceptable)		
ONB (NBC, 1/2 02001			City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Hendry, Stoner, Calandrino & Brown, P.A  SIGNATURE  Signature. Typed or printed name of registered agent and title of attractable  1. NOTE Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing  \$5.00 May Re						
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND I		11.	72.7	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	D SANTINI, ALEXANDRA	☐ Delete	TITLE		1, 5, D Change □ Addition	
STREET ADORESS CITY-ST-ZIP	4720 AGUILA PLACE ORLANDO, FL 32826		\$TRE	ET ADDRESS - St - Zip		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E RO. ET ADDRESS -ST-ZIP	oberto CARRASQUIIIO Change Addition 1720 Aguila PIACE 2/2100, FL 32826	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E Et aodress -St-zip	☐ Change ☐ Addition	
12. I hereby certify that the information supprecipith this Ninordoes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 repelver of the 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 at other like empowered.						
SIGNATURE: 100 V  SUSNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  Date						