2006 FOR PROFIT CORPORATION

SIGNATURE:

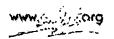
ANNUAL REPORT

Jul 03, 2006 8:00 am Secretary of State 05-02-2006 90211 020 ***158.75 **DOCUMENT # P05000012702** NEDP FOODS, INC. Principal Place of Business Mailing Address 1101 W NORTH BLVD. 1101 W NORTH BLVD. 66021199 SUITE 1 SUITE 1 LEESBURG, FL 34748 LEESBURG, FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 CR2E034 (11/05) City & State City & State 4. SEI Number Applied For Not Applicable Zρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTIZ, GEORGE 1515 E SILVER SPRINGS BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 128** OCALA, FL 34470 City Zip Code 8. 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. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Oeleta ☐ Change ☐ Addition CASALASPRO, PASQUALE NAMÉ NAME 1101 W NORTH BLVD., SUITE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-77P Oelete TITLE ☐ Change ☐ Addition CASALASPRO, PASQUALE NAME NAME 1101 W NORTH BLVD., SUITE 1 STREET ADDRESS STREET ADDRESS LEESBURG, FL 34748 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP IO3 F ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7:P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I amen officer or director of the corporation or the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all oting like empowered.

SIGNING OFFICER OR DIRECTOR

FILED

Page 1 of 4



Division of Corporations

Annual Report

Annual Report Help

P05000012702
Business Entity Name
NEDP FOODS, INC.

FEI Number

202210327

FEI Number States

1 isted Above ← Applied For ② Not Applicable

Certificate of Status Desired

Yes () No. | \$8.75 each

Election Campaign Financing Trust Fund Contribution (- Yes 🔅 No

Principal Place of Business

Address

1101 W NORTH BLVD.

Suite, Api. 9, etc.

SUITE 1

City, State

LEESBURG

FL

Zip Code & Country 34748

US

Mailing Address

Address

1101 W NORTH BLVD.

Suite, Apr. 11, etc.

SUITE 1

Cio. State

LEESBURG

FL

Zip Code & Country 34748

IJS

Name and Address of Registered Agent

Name (Last, First, Middic, Title)

ORTIZ

GEORGE

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1515 E SILVER SPRINGS BLVD.

Suite, Apt. #. etc.

SUITE 128

City, State

OCALA

,FL

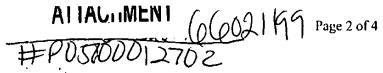
Zip Code & Country

34470

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

US

Division of Corporations



entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signag" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgory under s.831.06. Pocida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors, if more than 6 officers/directors need to be made a pair of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an enactment.

Title	D, P
Name (Last, First, Middle, Title)	CASALASPRO PASQUALE
- OR -	
Entity Name to serve as Officer/Director	
Street Address	1101 W NORTH BLVD., SUITE 1
City, State	LEESBURG FL
Zip Code & Country	34748 US
Title	S,T
Name (Last, First, Middle, Title)	CASALASPRO PASQUALE
- OR -	
Entity Name to serve as Officer Director	
Street Address	1101 W NORTH BLVD., SUITE 1
City, State	LEESBURG FL
Zip Code & Country	34748 US
Title	
Name (Last, First, Middla, Fitle)	, , ,
OR	
Entity Name to serve as Officer Director	
Street Address	
City, State	
Zip Code & Country	
l'itte	

POS DO 0012702

Name (Last, First, Middle, Fitle)

- i)R -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Courary

Title

Name (Last, First Middle, Fitle)

- OR -

Entity Name to serve as Office/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Fitle)

- OR -

Entity Name to serve as Officer Director

Street Address

City, State

Zip Code & Courtry

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PD

Officer/Director Signature Pasquale Casalaspro

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under \$.831.06, Frorida Statutes. The individual "signing" this document affirms that the facts stated herein are true

Continue Reset

Division of Corporations

NEOP FOODS, INC. Page 1 of 2

P05000012702

202210327

No

NEDP FOODS, INC.

Division of Corporations

Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number

Business Entity Name

FEI Number

FEI Number Status

Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address

1101 W NORTH BLVD.

Suite, Apt. #, etc.

SUITE 1

City, State

LEESBURG, FL

Zip Code & Country 34748 US

Mailing Address

Address

1101 W NORTH BLVD.

Suite, Apt. #, etc.

SUITE L

City, State

LEESBURG, FL

Zip Code & Country 34748 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) ORTIZ. GEORGE

Address

1515 E SILVER SPRINGS BLVD.

Suite, Apt. #, etc.

SUITE 128

City, State

OCALA, FL

Zip Code & Country

34470 US

Registered Agent Signature

Officer/Director Name and Address

D. P

Name (Last, First, Middle, Title) CASALASPRO, PASQUALE

Street Address

1101 W NORTH BLVD., SUITE 1

City, State

LEESBURG, FL

Zip Code & Country

34748 US

Division of Corporations

** ATTACHMENT (26021199 *** P05000012702

Page 2 of 2

Title

Name (Last, First, Middle, Title) CASALASPRO, PASQUALE

Street Address City, State 1101 W NORTH BLVD., SUITE 1

LEESBURG, FL

Zip Code & Country

34748 US

Title

PD

Officer/Director Signature PASQUALE CASALASPRO

Continue

Start Over

Sunbiz Home Page

Annual Report Help

ATTACHMENT (2021190



Division of Corporations

Annual Report

Payment Page

Document Tracking # - 500067719975 Document Number # (P05000012702)

The charge amount for your filing (s \$158.75

Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an c-mail acknowledgement.

In order to complete this transaction you must select one of the payment options listed below.

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

Credit Card Payment

Please select the option below only if you have an established Sunbiz E-File Account and wish to file your annual report using your account. If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

Sunbiz E-file account number

Password

h-mait Address

Sunbiz E-file Account Payment

Start Over

Sunbiz Home Page

Annual Report Help