

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000012702

FILED
Jul 18, 2006
Secretary of State**Entity Name:** NEDP FOODS, INC.**Current Principal Place of Business:**1101 W NORTH BLVD.
SUITE 1
LEESBURG, FL 34748 US**New Principal Place of Business:**11175 SW 93RD COURT
OCALA, FL 34481 US**Current Mailing Address:**1101 W NORTH BLVD.
SUITE 1
LEESBURG, FL 34748 US**New Mailing Address:**3015 SE 41ST STREET
OCALA, FL 34480 US**FEI Number:** 22-2210327**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ORTIZ, GEORGE
1515 E SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 34470 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: CASALASPRO, PASQUALE
Address: 1101 W NORTH BLVD., SUITE 1
City-St-Zip: LEESBURG, FL 34748 US

Title: S,T () Delete
Name: CASALASPRO, PASQUALE
Address: 1101 W NORTH BLVD., SUITE 1
City-St-Zip: LEESBURG, FL 34748 US

Title: () Delete
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASALASPRO, PASQUALE
Address: 1101 W NORTH BLVD., SUITE 1
City-St-Zip: LEESBURG, FL 34748 US

Title: O (X) Change () Addition
Name: MAYNARD, KEITH
Address: 11175 SW 93 CT
City-St-Zip: OCALA, FL 34481 US

Title: VP () Change (X) Addition
Name: MARRA, DINO R
Address: 11175 SW 93RD COURT
City-St-Zip: OCALA, FL 34481

Title: S () Change (X) Addition
Name: MAYNARD, NANCY
Address: 11175 SW 93 CT
City-St-Zip: OCALA, FL 34481

Title: T () Change (X) Addition
Name: HENDERSON, ERIC
Address: 3015 SE 41 STREET
City-St-Zip: OCALA, FL 34480

Title: O () Change (X) Addition
Name: HENDERSON, SHANNON
Address: 3015 SE 41 STREET
City-St-Zip: OCALA, FL 34480

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.

SIGNATURE: SHANNON HENDERSON

O

07/18/2006

Electronic Signature of Signing Officer or Director

Date