2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Feb 25, 2008 08:00 AN DOCUMENT # P05000016206 **Secretary of State** 1. Entity Name RAVENWOOD FOOD, INC. Principal Place of Business Mailing Address 4267 HENDERSON BLVD 4267 HENDERSON BLVD TAMPA, FL 33629 TAMPA, FL 33629 CR2E034 (11/05) 02222008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2277105 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOTTINI, RICHARD DO NOT WRITE 4267 HENDERSON BLVD TAMPA, FL 33629 IN THIS SPACE 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 the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 03/05/08-80025-006 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PRES TITLE NAME BOTTINI, RICHARD 4267 HENDERSON BLVD STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

DOTTINI

813 472 653

Daytime Phone #