2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # P05000032690** 04-16-2007 90056 029 ***150 00 TASTY BITES CATERING, INC. Principal Place of Business Mailing Address 40061646 227 FORHAM DR 227 FORHAM DR LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 02252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2417059 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSCH, LEAH DO NOT WRITE 227 FORHAM DR LAKE WORTH, FL 33460 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROSCH, LEAH NAME STREET ADDRESS 227 FORHAM DR LAKE WORTH, FL 33460 CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS

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 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: W

CITY-ST-ZIP

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED