

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90049 008 \*\*\*150.00

<b>DOCUMENT # P05000089831</b> 1. Entity Name <b>LUIGINO'S INTERNATIONAL, INC.</b>																																																																																																																																			
Principal Place of Business <b>201 WEST FIRST STREET SANFORD, FL 32771</b>			Mailing Address <b>201 WEST FIRST STREET SANFORD, FL 32771</b>																																																																																																																																
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State																																																																																																																																	
Zip		Country		Zip																																																																																																																															
6. Name and Address of Current Registered Agent  <b>NELSON, LARRY W 201 W. FIRST ST SANFORD, FL 32771</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																															
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: _____																																																																																																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> <b>D PAULUCCI, JENO F</b> </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete       </td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> <b>P Knuesel, Thomas</b> </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>PAULUCCI, JENO F</b></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>Knuesel, Thomas</b></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>201 WEST FIRST STREET</b></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>201 West First St</b></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"><b>SANFORD, FL 32771</b></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"><b>Sanford, FL 32771</b></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; 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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.																																																																																																																																			
<b>SIGNATURE:</b> _____ <b>Larry W. Nelson</b> <b>4/27/07</b> <b>407-321-7004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			

40096433



01112007 Chg-P CR2E034 (12/06)

4. FEI Number  
**NOT APPLICABLE** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**FL** Zip Code