2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P06000017606 PREMIUM BRANDS NATURAL FOOD PRODUCTS

FILED Apr 18, 2008 08:00 Al Secretary of State

Principal Place of Business 127 SOUTH STATE 7 SUITE 104-312 WELLINGTON, FL 33414

CORPORATION

Mailing Address 127 SOUTH STATE 7 SUITE 104-312 WELLINGTON, FL 33414



04152008

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

YANOFF, RUSSELL 127 SOUTH STATE 7 SUITE 104-312 WELLINGTON, FL 33414				DO NOT WRITE IN THIS SPACE		
 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 em familiar with, and accept the obligations of registered agent. SIGNATURE						
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Regis	tered Agent eignetun	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000905835 05/01/08-80068-012 150.00	
10.	OFFICERS AND DIREC	TORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD YANOFF, MERYL 127 SOUTH STATE 7 SUITE 104-312 WELLINGTON, FL 33414 DIR YANOFF, RUSSELL 127 SOUTH STATE 7 SUITE 104-312 WELLINGTON, FL 33414			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			<u> </u>	IN THIS SPACE		
NAME STREET ADDRESS CHY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·					
TITLE NAME STREET ADDRESS			ĺ		·	

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.

CITY-ST-ZIP

YINTE

Daytime Phone # 56 790 8317