2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000074296

Entity Name: FOODWERKS INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1100 NE 45TH ST 314 NE 27TH STREET

145M WILTON MANORS, FL 33334 US

FT, LAUDERDALE, FL 33334 US

Current Mailing Address: New Mailing Address:

1100 NE 45TH ST 314 NE 27TH STREET

145M WILTON MANORS, FL 33334 US

FT, LAUDERDALE, FL 33334 US

FEI Number: 20-4959825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAMB, ADAM M CAPE COD MANAGEMENT SERVICES INC 1100 NE 45TH ST 314 NE 27 STREET

145M WILTON MANORS, FL 33334 US FT. LAUDERDALE, FL 33334 US

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.

in the State of Florida.

SIGNATURE: APRIL PEACH CONDRON 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 LAMB, ADAM M
 Name:
 LAMB, ADAM M

 Address:
 1100 NE 45TH ST 145M
 Address:
 C/O 314 NE 27TH STREET

 City-St-Zip:
 FT. LAUDERDALE, FL 33334 US
 City-St-Zip:
 WILTON MANORS, FL 33334 US

Title: VP () Delete Title: VP (X) Change () Addition

Name: LAMB, ANNA M Name: LAMB, ANNA M

 Address:
 1100 NE 45TH ST 145M
 Address:
 C/O 314 NE 27TH STREET

 City-St-Zip:
 FT. LAUDERDALE, FL 33334 US
 City-St-Zip:
 WILTON MANORS, FL 33334 US

I hereby certify that the information supplied with this filing does not qualify 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: ADAM M LAMB P 04/30/2008