2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000015875

Entity Name: FOODIE CATERING, INC.

8393 BOWDEN WAY

WINDEREMERE, FL 34786

Address:

City-St-Zip:

FILED Jul 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14330 HOMOSASSA LANE 932 N. MILLS AVE ORLANDO, FL 32828 ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 14330 HOMOSASSA LANE 932 N. MILLS AVE ORLANDO, FL 32828 ORLANDO, FL 32803 FEI Number: 26-1087037 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: BOSCH, REGULO 14330 HOMOSASSA LANE ORLANDO, FL 32828 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BOSCH, REGULO Name: Name: 14330 HOMOSASSA LANE Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: BOSCH, MICHELE Name: 14330 HOMOSASSA LANE Address: Address: ORLANDO, FL 32828 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition GILLETTE, PETER Name: GILLETTE, PETER J Name:

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.

Address:

City-St-Zip:

8393 BOWDEN WAY

WINDEREMERE, FL 34786

SIGNATURE: PETER J. GILLETTE PRES 07/22/2008