

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16305

FILED
Apr 19, 2006
Secretary of State

Entity Name: FOOD GROUP, INC.

Current Principal Place of Business:

201 FLAGSHIP DRIVE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

C/O WPP GROUP USA, INC
125 PARK AVE 4TH FLOOR
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 13-2653267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD
SUITE 508
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAGER, ROBERT
Address: 201 FLAGSHIP DR.
City-St-Zip: LUTZ, FL 33549

Title: V () Delete
Name: PEARLMAN, PHILIP J
Address: 201 FLAGSHIP DR.
City-St-Zip: LUTZ, FL 33549

Title: CFO () Delete
Name: TOUSIGNANT, NORMAN
Address: 201 FLAGSHIP DRIVE
City-St-Zip: LUTZ, FL 33549

Title: SVP () Delete
Name: NEUMAN, THOMAS O
Address: 125 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: S () Delete
Name: HOWE, MARY ELLEN
Address: 125 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: EVPD () Delete
Name: GOTTWALS, DAVID
Address: 201 FLAGSHIP DRIVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS O NEUMAN

SVP

04/19/2006

Electronic Signature of Signing Officer or Director

_____ Date