

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16305

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: FOOD GROUP, INC.

**Current Principal Place of Business:**

14497 N. DALE MABRY, STE 220  
TAMPA, FL 33618

**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: P ( ) Delete  
Name: COTTER, MARK  
Address: 14497 N. DALE MABRY, STE 220  
City-St-Zip: TAMPA, FL 33618

Title: AT ( ) Delete  
Name: LOBENE, TOM  
Address: 125 PARK AVE., 4TH FL.  
City-St-Zip: NEW YORK, NY 10017

Title: CFO ( ) Delete  
Name: TOUSIGNANT, NORMAN  
Address: 14497 N. DALE MABRY, STE 220  
City-St-Zip: TAMPA, FL 33618

Title: SVP ( ) Delete  
Name: NEUMAN, THOMAS O  
Address: 125 PARK AVE., 4TH FL.  
City-St-Zip: NEW YORK, NY 10017

Title: D ( ) Delete  
Name: HOWE, MARY ELLEN  
Address: 125 PARK AVE., 4TH FL.  
City-St-Zip: NEW YORK, NY 10017

Title: S ( ) Delete  
Name: FAREWELL, KEVIN  
Address: 125 PARK AVE., 4TH FL.  
City-St-Zip: NEW YORK, NY 10017

**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 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

02/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date