

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16305

Entity Name: FOOD GROUP, INC.

FILED
Feb 24, 2009
Secretary of State

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
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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