2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 07-14-2006 90021 011 ***150.00 DOCUMENT # P93000023642 RICH'S FOOD SYSTEMS, INC. 40000000 Principal Place of Business Mailing Address 6223 N. 9TH AVE. 6223 N. 9TH AVE. PENSACOLA, FL 32504 PENSACOLA, FL 32504 2. Principal Place of Business 3. Mailing Address 3309 GLENEAGLES DRIVE 3309 GLENEAGLES DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 CR2E034 (11/05) Chg-P City & State PACE, FLORIDA City & State PACE, FLORIDA Applied For 4. FEI Number 59-3179549 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA П 32571 USA 32571 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES A. RICHARDSON RICHARDSON, JAMES A Street Address (P.O. Box Number is Not Acceptable) 6223 N. 9TH AVE. PENSACOLA, FL 32504 Zip**3257**1 City PACE FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _______Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITI F TITLE RICHARDSON, JAMES A 3309 CLENFÁCLES DRIVE PACE, FL 32571 Change RICHARDSON, JAMES A NAME NAME 6680 SCENIC HWY #9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32514 TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED Jul 14, 2006 8:00 am