

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 15 PM 12:55



DOCUMENT # P93000047167

1. Entity Name
NONNI'S FOOD COMPANY, INC.

Principal Place of Business
ONE WESTBROOK CORP CENTER, STE 430
WESTCHESTER, IL 60153

Mailing Address
ONE WESTBROOK CORP CENTER, STE 430
WESTCHESTER, IL 60153



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3191316

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

Jeanine Reynolds
as its agent

5-15-06

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
HARRIS, TIMOTHY M
ONE WESTBROOK CORP CENTER, STE 430
WESTCHESTER, IL 60153 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition
700075108147
05/24/06--01003--006 **550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
KENEALY, WILLIAM
ONE WESTBROOK CORP CENTER, STE 430
WESTCHESTER, IL 60153 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
RODNEY T. LIDDLE
ONE WEST BROOK CORPORATE CENTER
WESTCHESTER, IL 60153 Suite 430 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 Change Addition

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CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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.

SIGNATURE:

5/12/06

708-731-2477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #