2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 08:00 AM Secretary of State

DOCUMENT # P93000070494 1. Entity Name THE SALAD WERKS, INC.					Secretary of Sta	
701 BALD EAGLE DR. MARCO ISLAND, FL 34145-2745		Mailing Address 950 N COLLIER BLVD STE. 414 MARCO ISLAND, FL 34145-6642		1 (4)(44)		
E	OO NOT WRITE		CE	02232005 4. FEI Num 65-04	No Chg-P CR2E034 (10/03)	
	6. Name and Address of Current Re				=======================================	
CARMIGNANI, A. WAYNE 41 E PELICAN STREET ISLES OF CAPRI, FL 34113			DO NOT WRITE IN THIS SPACE			
8. The above the obligat SIGNATURE	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and			egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIF	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CARMIGNANI, ANGELO B 5802 GLEN CÖVE APT. 308 NAPLES, FL 33963					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARMIGNANI, A W 41 E PELICAN STREET ISLES OF CAPRI, FL 34113				000000257648 03/10/05-80009-012 150.00	
TITLE NAME]			
STREET ADDRESS			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OP SIGNING OFFICER OR DIRECTOR

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