


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000070494

1. Entity Name
THE SALAD WERKS, INC.



Principal Place of Business
**701 BALD EAGLE DR.
 MARCO ISLAND, FL 34145-2745**

Mailing Address
**950 N COLLIER BLVD
 STE. 414
 MARCO ISLAND, FL 34145-6642**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0455654

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CARMIGNANI, A. WAYNE
 41 E PELICAN STREET
 ISLES OF CAPRI, FL 34113**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CARMIGNANI, ANGELO B 785 DOVE CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARMIGNANI, A W 41 E PELICAN STREET ISLES OF CAPRI, FL 34113
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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: _____ **4/9/07** **239 692-0790**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #