

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000093157 1. Entity Name FLORIDA GOURMET FOODS INTERNATIONAL, INC.						FILED 06 AUG 30 PM 2:36 SEC. TALLAHASSEE, FLORIDA	
Principal Place of Business 1701 AIRPORT TERMINAL DRIVE DELAND, FL 32724 US				Mailing Address 1701 AIRPORT TERMINAL DRIVE DELAND, FL 32724 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3312169		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08142006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent BERG-BORROR, M.C. 1701 AIRPORT TERMINAL DRIVE DELAND, FL 32724				7. Name and Address of New Registered Agent 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. SIGNATURE: <i>M.C. Berg-Borrer</i> DATE:							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRES MCBERG-BORROR 1701 AIRPORT TERMINAL DRIVE DELAND, FL 32724 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900079521479 09/06/06--01036--007 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALE R. BORROR 1701 AIRPORT TERMINAL DR. DELAND, FL 32724 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/ BORROR, BEVERLY J SEC./TR 1701 AIRPORT TERMINAL DR. DELAND, FL 32724 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/ DEBORAH BIZZARO 1701 AIRPORT TERMINAL DR. DELAND, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS/ ELLEN M. WALCROEL 1701 AIRPORT TERMINAL DR. DELAND, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>M.C. Berg-Borrer</i>				Date: 8.14.06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			