2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# P95000048144

Entity Name: SWAN FOOD INCORPORATED

Current Principal Place of Business:

1795 NW ST LUCIE WEST
PT ST LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

5903 FAVIAN AVE
PORT SAINT LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-0637789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, BAKUL
5903 FAVIAN AVE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: PATEL, BAKUL
Address: 5903 FAVIAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 U

Title: TREA ( ) Delete
Name: PATEL, HINA
Address: 5903 FAVIAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SECR ( ) Delete
Name: PATEL, CHANDRESH
Address: 5903 FAVIAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 U

Title: OFFI ( ) Delete
Name: PATEL, NILESH
Address: 16671 76TRAIL NORTH
City-St-Zip: PALM BEACH GARDEN, FL 33418 U

Title: OFFI ( ) Delete
Name: PATEL, RAMAN
Address: 16671 76TRAIL NORTH
City-St-Zip: PALM BEACH GARDEN, FL 33418 U

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHANDRESH PATEL S 03/27/2008

Electronic Signature of Signing Officer or Director — Date