2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attac

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 30, 2006 8:00 am Secretary of State **DOCUMENT # P97000026524** 1. Entity Name 03-30-2006 90034 040 ***150.00 FRESH 2 U INC. Mailing Address Principal Place of Business 6560 WHALEY ROAD PO BOX 541846 MERRITT ISLAND FL 32954 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3439965 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THAIS, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 6560 WHALEY ROAD **MERRITT ISLAND FL 32953** 32953 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. FILE NOW!!! FEE IS \$150.00 18 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. P/D William G. THAIS P.O. BOX 541846 TITLE ☐ Delete TITLE ☐ Addition THAIS, WILLIAM G NAME NAME STREET ADDRESS PO BOX 541846 STREET ADDRESS meerit Island, FL 32954-1846 CITY-ST-ZIP MERRITT ISLAND FL 32954 CITY-ST-ZIP P/V/S/T/D VSTD ☐ Delete ☐ Addition TITLE TITLE Pamela S. Thais NAME NAME THAIS, PAMELA S PD. BOX 541846 STREET ADDRESS P.O. BOX 541846 STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32954 CITY-ST-ZIP merrit Island Florida 32954-1846 ☐ Delete TITLE TITLE ideal/iC NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME MAAAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attackment with an address, with all other like empowered.

FILED