2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091713

Entity Name: FL FOOD LION, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2110 EXECUTIVE DRIVE CORPORATE TAX DEPT. SALISBURY, NC 28145					
Current Mailing Address:			New Mailing Address:		
2110 EXECUTIVE DRIVE CORPORATE TAX DEPT. SALISBURY, NC 28145					
FEI Number: 5	56-2051565	FEI Number Applied For () FEI Num	nber Not Applic	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
0ORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
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:					
	Electroni	c Signature of Registered Agent			Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
OFFICERS AND DIRECTORS:					
Address:	P () I ANICETTI, RICHA 2110 EXECUTIV SALISBURY, NC	E DR	Title: Name: Address: City-St-Zip:	DIR (X) (X) (ANICETTI, RICHA 2110 EXECUTIV SALISBURY, NC	E DR
Name: Address:	AS () I HAYES, JOSEPH 2110 EXECUTIV SALISBURY, NC	E DRIVE	Title: Name: Address: City-St-Zip:	DIR (X) DIXON, R. GLEN 2110 EXECUTIV SALISBURY, NC	E DRIVE
Title: Name: Address: City-St-Zip:	S () I EVANS, G LINN 2110 EXECUTIV SALISBURY, NC		Title: Name: Address: City-St-Zip:	DIR (X) EVANS, G LINN 2110 EXECUTIV SALISBURY, NC	
Title: Name: Address: City-St-Zip:	AST (X) JAMES, RICHAR 2110 EXECUTIV SALISBURY, NC	D E DRIVE	Title: Name: Address: City-St-Zip:	() (Change () Addition
Title: Name: Address: City-St-Zip:	VP (X) DIXON, R. GLEN 2110 EXECUTIV SALISBURY, NC	E DRIVE	Title: Name: Address: City-St-Zip:	() (Change()Addition
Title: Name: Address: City-St-Zip:	VP (X) HERDON, CARO 2110 EXECTUTI' SALISBURY, NC	VE DRIVE	Title: Name: Address: City-St-Zip:	() (Change()Addition

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: G. LINN EVANS DIR 05/01/2007