

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUN 14 PM 3: 29

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P97000107698</b> 1. Entity Name <b>INDUSTRIAL FOOD ENTERPRISES CORP.</b>	
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Principal Place of Business <b>16601 BEAR CUB CT. FT. MYERS, FL 33908</b>	Mailing Address <b>16601 BEAR CUB CT. FT. MYERS, FL 33908</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05152006	Chg-P	CR2E034 (11/05) <i>do</i>
4. FEI Number <b>65-0840610</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SMITH, WILLIAM R 8191 COLLEGE PKWY., SUITE 204 FT. MYERS, FL 33919	<b>7. Name and Address of New Registered Agent</b> Name <i>Whitesman, Guy E</i> Street Address (P.O. Box Number is Not Acceptable) <i>1715 Monroe Street</i> City <i>Fort Myers</i> <b>FL</b> Zip Code <i>33901</i>
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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: *6-1-06* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete O'FLAHERTY, A. WILLIAM 16601 BEAR CUB CT. FT. MYERS, FL 33908	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>900076390179</b> 05/20/06--01048--020 **150.00
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete O'FLAHERTY, MICHAEL K 2405 SALCOME DRIVE OAKVILLE, ONT, CA 16h 7n5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 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:	Date: <i>May 26 / 06</i>	Daytime Phone #: <i>705-828-8899</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #