2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003689

CANARELLI, DAVID J

4500 140TH AVE N. SUITE 113

CLEARWATER, FL 33762

Name:

Address:

City-St-Zip:

FILED Feb 28, 2006 Secretary of State

Entity Na	me: CASUA	L GOURMET FOOD	DS, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
4500 140T SUITE 113 CLEARW		762					
Current Mailing Address:				New Mailing Address:			
4500 140T SUITE 113 CLEARW		762					
FEI Number	: 59-3490563	FEI Number Applie	ed For () FEI Nur	nber Not Appli	icable ()	Certificate of Status De	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
RIZZO, BEN 4500 140TH AVE N #113 CLEARWATER, FL 33762 US				RIZZO, BEN 4500 140TH AVE N #113 CLEARWATER, FL 33762 US			
The above in the State	named entity e of Florida.	submits this statem	nent for the purpose o	of changing it	s registered	office or registered ag	ent, or both,
SIGNATURE:				02/28/2006			
	Electro	onic Signature of Re	gistered Agent			Date	
Election Car	mpaign Financi	ng Trust Fund Contrib	ution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RIZZO, BEN Î	VEN N. SUITE 113		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	HAPANOWIC	VE N. SUITE 113		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	HOBAN, W N	VE N. SUITE 113		Title: Name: Address: City-St-Zip:	CANARELLI, Î	VE N. SUITE 113	
Title:	COO (X) Delete		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BEN R RIZZO CEO 02/28/2006