

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000004202

1. Entity Name
D & B SPECIALTY FOODS TECHNOLOGY, INC.



FILED

08 SEP 30 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
6 MORRIS AVENUE 6 MORRIS AVENUE
RED DEER, AB T4R 1V6 CN RED DEER, AB T4R 1V6 CN

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
103-10520 Yonge Street 103-10520 Yonge Street

Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT-35B UNIT 35-B

City & State City & State
RICHMOND HILL, ONTARIO RICHMOND HILL, ONTARIO

Zip Country Zip Country
L4C 3C7 CANADA L4C 3C7 CANADA

09262008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-1001696 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LITTMAN, ERIC P
7695 S.W. 104TH ST. STE. 210
MIAMI, FL 33156

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARRY, SENDEL	
STREET ADDRESS	6 MORRIS AVENUE, RED DEER, ALBERTA	
CITY - ST - ZIP	RED DEER, AB T4R 1V6	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRY SENDEL	
STREET ADDRESS	103-10520 YONGE STREET	
CITY - ST - ZIP	UNIT-35-B RICHMOND HILL ONTARIO	
TITLE	CANADA L4C 3C7	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000136535050	
STREET ADDRESS	10/01/08--01052--004 **558.75	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Barry Sendel Barry Sendel

September 24/08 (723) 262-9399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Outtime Print