2006 FOR PROFIT CORPORATION

Apr 14, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P98000012438 1. Entity Name ALABAMA FOODS, INC. Principal Place of Business Mailing Address % MANAGING FOOD, LLC % MANAGING FOOD, LLC 1326 E. LUMSDEN RD. 1326 E. LUMSDEN RD. BRANDON, FL 33511 BRANDON, FL 33511 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3494364 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURRY, CLIFTON C JR DO NOT WRITE 750 W LUMSDEN ROAD BRANDON, FL 33511 IN THIS SPACE 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 priviled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DIE KAZBOUR, TALAL NAME STREET ADDRESS 1326 EAST LUMSDEN ROAD BRANDON, FL 33511 CITY-ST-237 U00000508078 04/27/06-80088-016 150.00 117LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DT: F HAME STREET ADDRESS CITY-ST-ZIP HITLE NAME

12. I hereby certify that the information supplied with this filling does not quality 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 eath; that I am an officer or director of the corporation of the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or Block 12 or Block 11 or Block 12 or Block 13 or Block 12 or Block 13 or Block 12 or Block 12

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED