2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2008 8:00 am Secretary of State **DOCUMENT # S25196** 01-24-2008 90044 010 ***158.75 FOOD SYSTEMS UNLIMITED, INC. Principal Place of Business Mailing Address 385 COMMERCE WAY 385 COMMERCE WAY LONGWOOD, FL 32750 LONGWOOD, FL 32750 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3047053 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMSEY, DULIN Street Address (P.O. Box Number is Not Acceptable) 201 E PINE STREET **STE 425** ORLANDO, FL 32801 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE **PVPD** THILE ☐ Change ☐ Addition ☐ Delete SCHIANO, BIAGIÔ NAME NAME 872 CRESTON DR. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL 32751 41 - 31 ☐ Addition ☐ Delete TITLE Change TITLE ROE, CELINA P NAME NAME 385 Commerce Way Longwood, FL 32750 STREET ADDRESS STREET ADDRESS 1202 BENT OAK TRAIL CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MILLARD, JOHN STREET ADDRESS 1467 CREEKSIDE CIRCLE STREET ADORESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

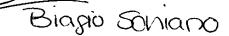
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME



☐ Change

☐ Addition

FILED