

FILED  
Jan 31, 2007 8:00 am  
Secretary of State

01-31-2007 90045 030 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # S65428

1. Entity Name  
E FOODS, INC.



Principal Place of Business  
445 OSCEOLA ST.  
ALTAMONTA SPRINGS, FL 32701

Mailing Address  
445 OSCEOLA ST.  
ALTAMONTA SPRINGS, FL 32701

40007495



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3077461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ELLIOTT, EMERSON  
777 E ALTAMONTE DR  
SUITE 203  
ALTAMONTE SPRINGS, FL 32701

**7. Name and Address of New Registered Agent**

Name ELLIOTT, EMERSON

Street Address (P.O. Box Number is Not Acceptable)

445 OSCEOLA ST

City ALTAMONTE SPRINGS

FL

Zip Code 32701

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P ☐ Delete  
NAME ELLIOTT, EMERSON  
STREET ADDRESS 777 E ALTAMONTE DR  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Emerson H Elliott  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-07

ATTACHMENT  
40007495

Date: 01/25/2007

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 8700  
Tallahassee, FL 32314

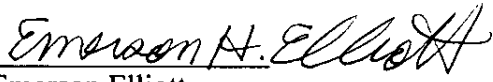
REF: Change of Address  
Document# S65428

Dear Sir/Madam

Please make a change of address in line 6 and line 10 of Document # S65428, as it appear in line 1 of Principal Place of Business. We have moved from 777 E Altamonte Dr, Suite 203, Altamonte Springs, FL 32701 to 445 Osceola St, Altamonte Springs, FL 32701.

If you have any question you can reach me at 407-830-9498.

Thank you,

  
Emerson Elliott  
President  
E Foods Inc  
445 Osceola St  
Altamonte Springs, FL 32701  
Phone: 407-830-9498  
Fax: 407-831-0170