2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68010

Entity Name: FOOD SUPPLY, INC.

MATHENY, CHARLES

DAYTONA BEACH, FL 32114

1143 ORANGE AVE

Name:

Address:

City-St-Zip:

FILED Apr 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3100 S RIDGEWOOD AVE 3100 S RIDGEWOOD AVE **UNIT 100 UNIT 100** DAYTONA BEACH, FL 32119 SOUTH DAYTONA, FL 32119 **Current Mailing Address: New Mailing Address:** 3100 S RIDGEWOOD AVE 3100 S RIDGEWOOD AVE **UNIT 100 UNIT 100** DAYTONA BEACH, FL 32119 SOUTH DAYTONA, FL 32119 FEI Number: 59-3075766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CROTTY, MICHAEL D CROTTY, MICHAEL D 1800 W. ÍNT'L SPEEDWAY BLVD 1825 BUSINESS PARK BLVD. DAYTONA BEACH, FL 32114 SUITE A DAYTONA BEACH, FL 32114 US 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. SIGNATURE: 04/09/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: () Change () Addition SACKS, DAVID, Name: Name: 9 BROAD WATER DRIVE Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: SOUSA, JAMES, Name: 2453 AVOCADO DRIVE Address: Address: DAYTONA BEACH, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MOTZEL, STEPHEN, Name: Name: 16 WINCHESTER Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: VΡ () 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:

|--|