## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S89062

Name:

Address:

City-St-Zip:

Entity Name: TILLER FOODS, INC.

FILED Apr 22, 2009 Secretary of State

Littly Nai	ile. HELEK I	OODS, INC.				
Current Principal Place of Business:			New Pr	New Principal Place of Business:		
3803 E COLUMBUS DR P.O. BOX 5088 TAMPA, FL 33675				3803 E COLUMBUS DR TAMPA, FL 33675		
Current M	ailing Addres	s:	New M	New Mailing Address:		
2200 CARDIGAN AVE. P.O. BOX 333 COLUMBUS, OH 432160333 US			2200 CARDIGAN AVE. COLUMBUS, OH 432151092 US			
FEI Number:	: 59-3094253	FEI Number Applied For ( )	FEI Number Not A	applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name a	Name and Address of New Registered Agent:		
	/ILLIAM BRAD DLUMBUS DR L 33605 US	_				
	named entity s e of Florida.	submits this statement for the	e purpose of changin	ng its registe	ered office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	ic Signature of Registered A	gent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	TORS:	ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( ) TILLER, WILLI 3803 E COLUN TAMPA, FL		Title: Name: Address: City-St-Zi	<b>p</b> :	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( ) TILLER, DONA 5820 EXECUTI HUBER HEIGH	VE BLVD	Title: Name: Address: City-St-Zi	<b>p</b> :	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( ) OSBORNE, VIC 3803 E COLUM TAMPA, FL		Title: Name: Address: City-St-Zi	<b>p</b> :	() Change () Addition	
Title:	( )	. Delete	Title:	Δς	( ) Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify 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:

SIGNATURE: THOMAS G MICHAELIDES AS 04/22/2009

MICHAELIDES, THOMAS G

COLUMBUS, OH 432151092 US

2200 CARDIGAN AVE.