2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # S89954 AFOOD, INC.				Secreta	ry or state
Principal Place 6340 118Th LARGO, FL	H AVE, N,	Aailing Address 766 ELDORADO AVENUE CLEARWATER, FL 33767 U	S	1 INDICIDIO IN 18470 PAGIN	. DINA WIIII WADT BADII 22017 WANT	Rion winis woldings of low
			1	Chg-P CR2E03	4 (10/03)	
	OO NOT WRITE I	4. FEI Number Applied For S9-3089397 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current Registreve J. RADO AVENUE ATER, FL 33787	DO NOT WRITE 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						
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Added to Fees						
10. TITLE NAME STREET ADDRESS GITY-ST-ZIP	OFFICERS AND DIRE D ANNAS, STEVE J. 766 ELDORADO AVENUE CLEARWATER, FL	CTORS		Us 	00000228135 4/05-80024-0	10 150.00
NAME STREET ADDRESS CITY-ST-ZIP		<u></u>			<u></u>	H
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- E		IN THIS	SSPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-			
NTLE NAME STREET ADDRESS CITY-ST-ZIP		- mark			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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: SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phono #						