


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V61835
 1. Entity Name
FOOD FANTASIES, INC.



Principal Place of Business: **18770 NE 6 AVE MIAMI FL 33179**
 Mailing Address: **9993 N. W. 24 ST. C/O KEN HONIG CORAL SPGS FL 33065 US**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



1st MOORE CR2E034 (10/05)

4. FEI Number: **65-0572228** Applied For Not Applied
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **MOSKOWITZ, MICHAEL W. 800 COR POINTE DR STE 510 FORT LAUDERDALE FL 33334**
 7. Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Added to Fee
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: SD	NAME: CRAVEN, JAMES	TITLE:	NAME:
STREET ADDRESS: 12940 S.W. 82 AVE.	CITY-ST-ZIP: MIAMI FL 33156	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: PD	NAME: HONIG, KENNETH	TITLE:	NAME:
STREET ADDRESS: 9993 N.W. 24 ST	CITY-ST-ZIP: CORAL SPRINGS FL 33065	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:

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 02/16/06-80053-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *X Kenneth J Honig* **Kenneth J Honig** 2/11/06 786-236-9136