2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #V70584 1. Entity Name MAXWELL FOODS, INC. Principal Place of Business Mailing Address 2615 TAMARINO ROAD 2615 TAMARINO ROAD

FILED Jan 18, 2007 08:00 AM Secretary of State

SANIBEL ISLAND, FL 33957 SANIBEL ISLAND, FL 33957						
D	O NOT WRITE I	CE	01142007 4. FEI Numbe 59-3144 5. Certificate	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required		
	6. Name and Address of Current Regis		1,_,, _,			
MAXWELL 2615 TAM, SANIBEL I		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						
SIGNATURE_	Signature, typed or printed name of registered agent and title	od Agent signature required when reinstating) DATE				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	icing \$5.	.00 May Be led to Fees			
10.	OFFICERS AND DIREC	CTORS	Į			
TITLE NAME	P MAXWELL, PHILIP		•			
STREET ADDRESS	2615 TAMARINO RD				900000	501927
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957		<u> </u>		01/Ĭ9707-	80042-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAXWELL, NOREEN 2615 TAMARINO RD SANIBEL ISLAND, FL 33957					
TITLE			ì			
NAME STREET ANABESS						
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 any address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR