

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004979

FILED
Jan 17, 2005
Secretary of State

Entity Name: FAIR FOOD AMERICA, INC.

Current Principal Place of Business:

3305 RUMBELWOOD DR. N.
SARASOTA, FL 34237

New Principal Place of Business:

3305 RAMBLEWOOD DR. N.
SARASOTA, FL 34237

Current Mailing Address:

PO BOX 51482
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 04-3635046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONI, DAVID
3305 RUMBLEWOOD DR. N.
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

MALONI, DAVID
3305 RAMBLEWOOD DR. N.
SARASOTA, FL 34237 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: _____

Electronic Signature of Registered Agent

01/17/2005

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALONI, DAVID
Address: 3305 RUMBLEWOOD DR. N.
City-St-Zip: SARASOTA, FL 34237

Title: VPD () Delete
Name: NOEM, JOSH
Address: 53976 HELMAN RD.
City-St-Zip: SOUTH BEND, IN 46617

Title: SD () Delete
Name: MALONI, JULIE A
Address: 1664 CHERRY LN. #2
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MALONI, DAVID
Address: 3305 RAMBLEWOOD DR. N.
City-St-Zip: SARASOTA, FL 34237

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MALONI, JULIE A
Address: 3305 RAMBLEWOOD DR. NORTH
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J MALONI

Electronic Signature of Signing Officer or Director

PRES

01/17/2005

Date