

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004979

FILED
Jan 17, 2006
Secretary of State

Entity Name: FAIR FOOD AMERICA, INC.

Current Principal Place of Business:

3305 RAMBLEWOOD DR. N.
SARASOTA, FL 34237

New Principal Place of Business:

736 FORESTVIEW DR.
SARASOTA, FL 34232

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 RAMBLEWOOD DR. N.
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

MALONI, DAVID
736 FORESTVIEW DR.
SARASOTA, FL 34232 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: _____ 01/17/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MALONI, DAVID
Address: 736 FORESTVIEW DR.
City-St-Zip: SARASOTA, FL 34232

Title: VPD (X) Change () Addition
Name: NOEM, JOSH
Address: 9649 N. FISKE AVE.
City-St-Zip: PORTLAND, OR 97203

Title: SD (X) Change () Addition
Name: MALONI, JULIE A
Address: 736 FORESTVIEW DR.
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MALONI PRES 01/17/2006
Electronic Signature of Signing Officer or Director Date