2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 16, 2006 08:00 AM **Secretary of State DOCUMENT # F46660** D & K HARVESTING, INC. Principal Place of Business Malling Address 890 SPRATT BLVD. 890 SPRATT BLVD. PO BOX 1347 PO 80X 1347 LABELLE, FL 33935 LABELLE, FL 33935 03022006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2129884 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MARSH, LARRY DO NOT WRITE 1240 MICCOSUKEE TR. LABELLE, FL 33935 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 again, SIGNATURE Skinature, typed or printed marks of registered agent and title if appli natura required when reinstating U00000470Q60 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 03/27/06-80026-019 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MILE NAME MARSH, LARRY STREET ADDRESS 1240 MICCOSUKEE TR. LABELLE, FL 33935 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDINESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 call; that I am an officer or direction of the corporation or the receiver ontrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address 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 supplied under call; that I am an officer or direction of the corporation or the receiver on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address that the information indicated on this report is fined under call; that I am an officer or direction of the corporation or the receiver on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed.

TITLE NAME STREET ADDRESS CITY-ST-70

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DISECTOR