2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State
06-04-2007 90013 006 ***150.00

DOCUMENT # J17068

1. Entity Name
CLABROOK FARMS, INC.

Principal Place of Business	Mailing Address
26205 E HWY 50 CHRISTMAS, FL 32709	PO BOX 877 CHRISTMAS, FL 32709-0877 US

401150

05232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	5023 Taylor Creek Rd Suite, Apt. #, etc.
City & State	City & State: Christmas, FL
Zip / Country	Zip: 32709 / Country: USA

4. FEI Number: 58-1685445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAGAN, JACOB 26205 E HWY 50 CHRISTMAS, FL 32709	Name: Shane Brooks Street Address (P.O. Box Number is Not Acceptable): 5023 Taylor Creek Road City: Christmas FL Zip Code: 32709

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: X Shane Brooks — X 5-29-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KAGAN, JACOB 455 TIMBER RIDGE DR. LONGWOOD, FL 32779	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROOKS, WAYNE 5008 TAYLOR CREEK RD CHRISTMAS, FL 32709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T, P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT BROOKS, SHANE 5023 TAYLOR CREEK RD CHRISTMAS, FL 32709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S, VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RANOT, SHLOMO 8 MSHE DAYAN ST. RAANANA, ISRAEL, 43580	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE: X Wayne Brooks — X 5-29-07 — 407-568-0134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #