
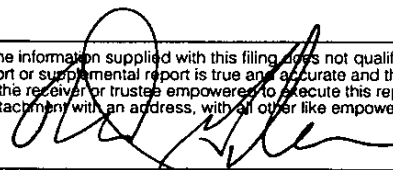


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90005 041 ****61.25

DOCUMENT # N96000000975					
1. Entity Name GROWN IN THE USA COALITION, INC.					
Principal Place of Business 800 TRAFALGAR COURT SUITE 200 MAITLAND, FL 32751			Mailing Address P.O. BOX 948153 MAITLAND, FL 32794		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3418839	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GILMER, RAY 800 TRAFALGAR COURT SUITE 200 MAITLAND, FL 32751				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMER, RAY			NAME	
STREET ADDRESS	800 TRAFALGAR COURT, SUITE 200			STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, SCOTTIE J			NAME	
STREET ADDRESS	5700 SW 34TH STREET			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 326147030			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, REGGIE			NAME	
STREET ADDRESS	800 TRAFALGAR COURT, SUITE 200			STREET ADDRESS	800 Trafalgar Court, Suite 300
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUSO, LEWANNA			NAME	
STREET ADDRESS	13121 NORTH MILITARY TRAIL			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, J L			NAME	
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD STE 211			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 333091953			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 617, 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: 				Ray Gilmer	
				02/02/2006 (321) 214-5200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	