2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P02000135470

Entity Name: DELTA SHAMROCK FARMS, INC.

Current Principal Place of Business:

1590 ISLAND LANE
SUITE 28
FLEMING ISLAND, FL 32003

New Principal Place of Business:

1590 ISLAND LANE
SUITE 28
ORANGE PARK, FL 32003

Current Mailing Address:

1590 ISLAND LANE
SUITE 28
FLEMING ISLAND, FL 32003

New Mailing Address:

1590 ISLAND LANE
SUITE 28
ORANGE PARK, FL 32003

FEI Number: 03-0503073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'CONNOR, JOHN W
1590 ISLAND LANE
SUITE 28
FLEMING ISLAND, FL 32003 US

Name and Address of New Registered Agent:

O'CONNOR, JOHN W
1590 ISLAND LANE
SUITE 28
ORANGE PARK, FL 32003 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: 04/27/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GRIGGERS, DEBBIE J
Address: 1590-28 ISLAND LANE
City-St-Zip: FLAMING ISLAND, FL 32003

Title: ST ( ) Delete
Name: O'CONNER, JOHN W
Address: 1590-28 ISLAND LANE
City-St-Zip: FLAMING ISLAND, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DRIGGERS, DEBBIE J
Address: 1590-28 ISLAND LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: ST (X) Change ( ) Addition
Name: O'CONNOR, JOHN W
Address: 1590-28 ISLAND LANE
City-St-Zip: ORANGE PARK, FL 32003

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE J DRIGGERS PD 04/27/2005
Electronic Signature of Signing Officer or Director — Date