2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040857

Entity Name: TOP SHELF PRODUCE GROWERS INC.

FILED Mar 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

220 CRESTWOOD CIRCLE 13172 88TH PLACE NORTH WEST PALM BEACH, FL 33412

ROYAL PALM BEACH, FL 33411

Current Mailing Address: New Mailing Address:

220 CRESTWOOD CIRCLE#102 13172 88TH PLACE NORTH 102 WEST PALM BEACH, FL 33412

ROYAL PALM BEACH, FL 33411

FEI Number: 22-3450855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOYD, BARBARA K
220 CRESTWOOD CIRCLE
102
BOYD, BARBARA K
13172 88TH PLACE NORTH
WEST PALM BEACH, FL 33412 US

ROYAL PALM BEACH, FL 33411 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: 03/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition

Name:BOYD, BARBARA KName:BOYD, BARBARA KAddress:220 CRESTWOOD CIRCLE #102Address:13172 88TH PLACE NORTHCity-St-Zip:ROYAL PALM BEACH, FL 33411City-St-Zip:WEST PALM BEACH, FL 33412

Title: P () Delete Title: P (X) Change () Addition

Name:BOYD, CHRISTOPHERName:BOYD, CHRISTOPHERAddress:220 CRESTWOOD CIRCLE #102Address:13172 88TH PLACE NORTHCity-St-Zip:ROYAL PALM BEACH, FL 33411City-St-Zip:WEST PALM BEACH, FL 33412

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

SIGNATURE: BARBARA BOYD VP 03/27/2006