2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# 215227

Entity Name: FINEST FARMS, INC.

Current Principal Place of Business:

4004 RAINES RD
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

4004 RAINES RD
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 59-0923392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNNICUTT, HOMER JR
4004 RAINES RD
BROOKSVILLE, FL 34604 US

Name and Address of New Registered Agent:

HUNNICUTT, EARLE B
4004 RAINES RD
BROOKSVILLE, FL 34604 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: EARLE BLAKELY HUNNICUTT 01/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: HUNNICUTT, NANCY E,
Address: 4004 RAINES RD
City-St-Zip: BROOKSVILLE, FL

Title: PTD ( ) Delete
Name: HUNNICUTT, HOMER E J, R
Address: 4004 RAINES RD
City-St-Zip: BROOKSVILLE, FL

Title: V ( ) Delete
Name: GREEN, PATRICK
Address: 4004 RAINES RD.
City-St-Zip: BROOKSVILLE, FL 34604

Title: VDAS ( ) Delete
Name: HUNNICUTT, BLAKELY
Address: 4004 RAINES RD
City-St-Zip: BROOKSVILLE, FL 34604

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VDAS (X) Change ( ) Addition
Name: HUNNICUTT, HOMER E J, R
Address: 4004 RAINES RD
City-St-Zip: BROOKSVILLE, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change ( ) Addition
Name: HUNNICUTT, EARLE B
Address: 4004 RAINES RD
City-St-Zip: BROOKSVILLE, FL 34604

Title: VDAS ( ) Change (X) Addition
Name: DAVENPORT, MELINDA G
Address: 4004 RAINES RD
City-St-Zip: BROOKSVILLE, FL 34604

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: EARLE BLAKELY HUNNICUTT PTD 01/16/2007
Electronic Signature of Signing Officer or Director Date