

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90234 004 \*\*\*150.00

**60043486**



01242007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 226512</b> 1. Entity Name <b>CONTINENTAL CITRUS CORPORATION</b>					
Principal Place of Business <b>8211 W BROWARD BLVD PH2 PLANTATION, FL 33324 US</b>			Mailing Address <b>8211 W BROWARD BLVD PH2 PLANTATION, FL 33324 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0850478</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARDNER, PETER C 7901 SW 6 CT SUITE #150 FORT LAUDERDALE, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8211 W. BROWARD BLVD, PH-2</b> City <b>PLANTATION</b> <b>FL</b> Zip Code <b>33324</b>		
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 <u><i>Peter C Gardner</i></u> DATE <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, FRANK C 7901 SW 6TH COURT STE 150 PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8211 W. BROWARD BLVD, PH-2</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, W JOHN FIRST NAT'L BANK BLDG. ST PAUL, MN	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>30 E. 7th STREET, SUITE #2000 ST. PAUL, MN 55101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FITZGERALD, LUCETTE L. 7901 SW 6TH CT STE 150 A PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8211 W. BROWARD BLVD, PH-2 PLANTATION, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ECOURTNEY, GARDNER 7901 SW 6TH COURT STE 150 FORT LAUDERDALE, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8211 W. BROWARD BLVD, PH-2 PLANTATION, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARDNER, PETER C 7901 SW 6TH COURT #150 FORT LAUDERDALE, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8211 W. BROWARD BLVD, PH-2 PLANTATION, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP WILLIAM L. DRISCOLL # 30 E. 7th STREET, SUITE 2000 ST. PAUL, MN 55101</b>
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: <u><i>Peter C Gardner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/25/07</u> Daytime Phone # <u>954 727-9335</u>		