


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90067 042 ***150.00

DOCUMENT # 247614	
1. Entity Name EASTGATE FARMS, INC.	

Principal Place of Business ROLLINS COLLEGE CAMPUS BOX 2733 WINTER PARK, FL 32789	Mailing Address PO BOX 910 WINTER PARK, FL 32790
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2. Principal Place of Business - No P.O. Box # 320 Holt Ave.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Park FL	City & State
Zip 32789	Country

04172007 Chg-P CR2E034 (12/06)

4. FEI Number 59-0975703	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TIEDTKE, PHILIP ROLLINS COLLEGE 1000 HOLT AVE. WINTER PARK, FL 32789	
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7. Name and Address of New Registered Agent	
Name Tiedtke Philip	
Street Address (P.O. Box Number is Not Acceptable) 320 Holt Ave	
City Winter Park	FL Zip Code 32789

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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete TRISMEN, RICHARD F 213 W COMSTOCK AVENUE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <input type="checkbox"/> Delete TIEDTKE, PHILIP 320 HOLT AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input checked="" type="checkbox"/> Delete BROWN, MARJORIE A 213 W COMSTOCK AVE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete TIEDTKE, SIGRID 320 HOLT AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Trismen Richard F 213 W Comstock Ave Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tiedtke, Sigrid 320 Holt Ave Winter Park FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tiedtke, Victor A. 320 Holt Ave Winter Park FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tiedtke Elizabeth 320 Holt Ave Winter Park FL 32789

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 