2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252906

Entity Name: SUN DANCE FARMS, INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Finicipal Flace of Business.	New Fillicipal Flace Of Busiliess

205 S.E. 3RD AVENUE SUITE #C 205 S.E. 3RD AVENUE SUITE #C 8OUTH BAY, FL 33493

SOUTH BAY, FL 334937070

Current Mailing Address: New Mailing Address:

205 S.E. 3RD AVENUE SUITE #C 205 S.E. 3RD AVENUE SUITE #C

P.O. BOX 70 SOUTH BAY, FL 33493 SOUTH BAY, FL 334937070

FEI Number: 59-1027549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROGERS, SAMUEL J 109 PACER CIRCLE WELLINGTON, FL 33414

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ROGERS, SAMUEL J., Name: ROGERS, SAMUEL J

 Name:
 ROGERS, SAMUEL J.,
 Name:
 ROGERS, SAMUEL J

 Address:
 109 PACER CIRCLE
 Address:
 109 PACER CIRCLE

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 WELLINGTON, FL 33414

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

 Name:
 ROGERS, LAURA J
 Name:
 ROGERS, LAURA J

 Address:
 18896 POINT DRIVE
 Address:
 18896 POINT DRIVE

 City-St-Zip:
 TEQUESTA, FL 33469
 City-St-Zip:
 TEQUESTA, FL 33469

Title: VD () Delete Title: () Change () Addition

 Name:
 ROGERS, JOHN L
 Name:

 Address:
 1576 SEMINOLE ROAD
 Address:

 City-St-Zip:
 BABSON PARK, FL 33827
 City-St-Zip:

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: SAMUEL J. ROGERS PD 04/27/2004