2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 284462

Entity Name: SUGAR SUPPLY INC.

FILED Apr 12, 2006 Secretary of State

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

1281 SOUTH MAIN STREET 5131 RECKER HIGHWAY

P.O. BOX 1360 WINTER HAVEN, FL 338801250 BELLE GLADE, FL 334303360

Current Mailing Address: New Mailing Address:

1281 SOUTH MAIN STREET 5131 RECKER HIGHWAY WINTER HAVEN EL 33880125

P.O. BOX 1360 WINTER HAVEN, FL 338801250 BELLE GLADE, FL 334303360

FEI Number: 59-1057792 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:

ARRUZA, CARLOS M

1281 SOUTH MAIN STREET

5131 RECKER HIGHWAY

WINTER HAVEN EL 232901250 LIS

BELLE GLADE, FL 33430 US WINTER HAVEN, FL 338801250 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: 04/12/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ARRUZA, CARLOS M PRES
 Name:
 ARRUZA, CARLOS M PRES

 Address:
 1281 SOUTH MAIN STREET
 Address:
 5131 RECKER HIGHWAY

City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: WINTER HAVEN, FL 338801250

() Delete Title: (X) Change () Addition Title: Name: ARRUZA, ANTONIO M AV Name: ARRUZA, ANTONIO M AV ARRUZA, ANTONIO M 5131 RECKER HIGHWAY Address: Address: BELLE GLADE, FL 33430 WINTER HAVEN, FL 338801250 City-St-Zip: City-St-Zip:

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

Name:ARRUZA, SILVIA B VTDName:ARRUZA, SILVIA B VTDAddress:1281 SOUTH MAIN STREETAddress:5131 RECKER HIGHWAYCity-St-Zip:BELLE GLADE, FL 33430City-St-Zip:WINTER HAVEN, FL 338801250

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: CARLOS M ARRUZA PRES 04/12/2006