2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 29, 2007 08:00 AM **DOCUMENT # 338526 Secretary of State** 1. Entity Name B.E. ALDERMAN RANCH, INC. Principal Place of Business Mailing Address 13510 NE 224TH STREET OKEECHOBEE FL 34972 13510 NE 224TH STREET OKEECHOBEE FL 34972 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-1234410 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALDERMAN, JAMES E Street Address (P.O. Box Number is Not Acceptable) 13510 NE 224TH STREET OKEECHOBEE FL 34972 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change HHE Delete TITLE Addition ALDERMAN, JAMES A NAME U000000610782 71 WOODCREST DR STREET ADDRESS STREET ADDRESS 02/02/07-80030-024 158.75 FORT PIERCE FL 34945 CITY-SI-ZIP CITY-ST-7IP TITLE Defete THILE Change Addition ALDERMAN, JENNIE T. NAME NAME 13510 NE 224TH STREET STREET ADDRESS STREET ADDRESS OKEECHOBEE FL 34972 CITY-S1-ZIP CITY-ST-ZIP ☐ Detete ☐ Addition ALDERMAN, JAMES E NAMI NAME STREET ADDRESS 13510 NE 224TH STREET STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34972 CITY-ST-ZIP THE ☐ Delete ☐ Change ☐ Addition TITLE DELONEY, JOYCE NAME NAME 5000 STRAFFORD OAK DR. STREET ADDRESS STREET ADDRESS SEBRING FL 33875 CITY-ST-7IP CITY-ST-ZIP ☐ Defete TALLE Change Addition DELONEY, MICHAEL NAME NAMI. 4508 HENDERSON STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition LINDE, DEBRA NAME NAME 16732 WINDSOR LANE SE STREET ADDRESS STREET ADDRESS PRIOR LAKE MN 55372 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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: