

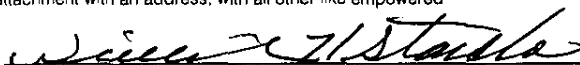


**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 364541</b>				<b>Mar 12, 2008 08</b>	
<b>1. Entity Name</b> M.J. STAVOLA FARMS, INC.		<b>Secretary of S</b>			
<b>Principal Place of Business</b> 151 NE. 95 STREET ANTHONY, FL 32617		<b>Mailing Address</b> PO BOX 1209 ANTHONY, FL 32617			
<b>DO NOT WRITE IN THIS SPACE</b>					
		02122008    No Chg-P    CR2E034 (11/05)			
		<b>4. FEI Number</b> 59-1292774		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HOUGHTON, WILLIAM W 151 NE 95 STREET ANTHONY, FL 32617		<b>DO NOT WRITE IN THIS SPACE</b>			
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				03/27/08-80036-006 150.00	
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>P</b> STAVOLA, WILLIAM H PO BOX 419 KINSINGTON, NJ 08528			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>VP</b> CROWLEY, MICHAEL J PO BOX 419 KINSINGTON, NJ 08528			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>ST</b> CONWAY, GEORGE PO BOX 419 KINSINGTON, NJ 08528			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>					
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>					
<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</b>					
<b>SIGNATURE:</b> 		<b>3-7-08</b>		<b>352-629-9715</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	