


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90198 023 \*\*\*150.00


<b>DOCUMENT # 454266</b>		
1. Entity Name <b>RAVENSWORTH FARMS, INC.</b>		

Principal Place of Business <b>408 E. CAMPHOR ST. AVON PARK, FL 33825 US</b>	Mailing Address <b>C/O DALTON PO BOX 6740 OCALA, FL 34472 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip <b>33825</b>	Country <b>USA</b>	Zip <b>34472</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent	
<b>DALTON, D P 408 E. CAMPHOR ST. AVON PARK, FL 33825</b>	

**40001010**



01092006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1533771</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>DALTON, PATRICK D</del> 408 E. CAMPHOR ST. AVON PARK, FL <del>33825</del> <b>OK</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D. PATRICK DALTON</b> <del>408 E. CAMPHOR ST.</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALTON, THOMAS R 200 N. CORNELL AVE. FULLERTON, CA 92831	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAGG, TERESA. 5617 NW 254TH AVE. LACROSSE, FL 32658	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HALL, NANCY D 4515 RAVENSWORTH RD. ANNANDALE, VA 22003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DALTON, JOSEPH M <del>2270 AMERICAN SADDLER DR.</del> PARK CITY, UT <del>84000</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 682570 84068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **01-10-06 352-239-5951**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **D. PATRICK DALTON, PRES.** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_