2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2005 08:00 AM Secretary of State **DOCUMENT # 515162** 1. Entity Name AGRI-MACHINERY, INC. Principal Place of Business Mailing Address 3489 ALL AMERICAN BLVD. 3489 ALL AMERICAN BLVD. ORLANDO, FL 32810 ORLANDO, FL 32810 02242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1693049 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent WHITWORTH, ALBERT P. DO NOT WRITE 3489 ALL AMERICAN BLVD ORLANDO, FL 32810 IN THIS SPACE 3. 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. (NOTE Registered Agont signature required when refristating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE WHITWORTH, ALBERT P NAME STREET ADDRESS 3489 ALL AMERICAN BLVD CITY-ST-ZIP ORLANDO, FL U00000249958 03/03/05-80021-024 150.00 TITLE NAME BILLINGS, THOMAS A. STREET ADDRESS 3489 ALL AMERICAN BLVD CETY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 at address, with all other like empowered.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

401-302-9266

FILED