2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 21, 2006 8:00 am Secretary of State **DOCUMENT #648767** 04-21-2006 90115 037 ***150.00 1. Entity Name FARMER BOY, INC. Mailing Address Principal Place of Business 2129 DREW STREET 2129 DREW STREET **CLEARWATER, FL 34625-3217** CLEARWATER, FL 34625-3217 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 02122006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-1956745 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONSTANTINOU, CHRIS Street Address (P.O. Box Number is Not Acceptable) 1430 MAPLE FOREST DR. CLEARWATER, FL 34625 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ·10. 11. D ☐ Change ■ Addition ☐ Delete TITLE TITLE CONSTANTINOU, CHRIS NAME NAME STREET ADDRESS 1430 MAPLE FOREST DR. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL CITY-ST-ZIP VD ☐ Change Addition TITLE ☐ Delete TITLE CONSTANTINOU, DINO NAME STREET ADDRESS STREET ADDRESS 44 PINEWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR, FL ☐ Change ☐ Addition ST ☐ Delete TITLE TITLE CONSTANTINOU, CHRIS NAME NAME STREET ADDRESS 1430 MAPLE FOREST DR. STREET ADDRESS CLEARWATER, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Channe TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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 eath; that I am an officer or director of the corporation or the receiver or fusite employered 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.

FILED