

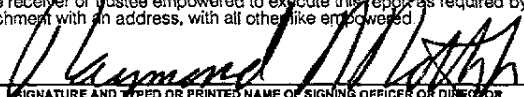


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 768484 1. Entity Name FLORIDA RICE COUNCIL, INC.						
Principal Place of Business 651 NW 9TH STREET BELLE GLADE, FL 33430 US	Mailing Address PO BOX 2076 BELLE GLADE, FL 33430 US					
<h2>DO NOT WRITE IN THIS SPACE</h2>						
6. Name and Address of Current Registered Agent						
ROTH, RAYMOND R JR. 27502 CR 880 BELLE GLADE, FL 33430						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS						
TITLE P NAME ROTH, RAYMOND R. JR. STREET ADDRESS 232 N.W. N.W. AVENUE L CITY - ST - ZIP BELLE GLADE, FL 33430	 01062006 No Chg-NP CR2E037 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 59-2821964</td> <td style="padding: 2px;">Applied For Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table> <h2>DO NOT WRITE IN THIS SPACE</h2> 000000393140 01/25/06-80009-012 61.25 <h2>DO NOT WRITE IN THIS SPACE</h2>		4. FEI Number 59-2821964	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
TITLE VPD NAME PERDOMO, RAUL STREET ADDRESS 13733 EXOTICA LANE CITY - ST - ZIP W PALM BEACH, FL						
TITLE T NAME STEIN, ROY S STREET ADDRESS 1625 WEDGEWORTH RD CITY - ST - ZIP BELLE GLADE, FL 33430						
TITLE SD NAME SENGELMANN, KLAUS STREET ADDRESS 1147 READING TERRACE CITY - ST - ZIP W PALM BEACH, FL						
TITLE D NAME ULLOA, MODESTO F STREET ADDRESS 278 SQUIRE DRIVE CITY - ST - ZIP WELLINGTON, FL 33414						
TITLE NAME STREET ADDRESS 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 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 617, 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:  <div style="float: right; text-align: right;"> 1/16/06 Date </div> <div style="float: right; text-align: right;"> 601990-0070 Daytime Phone # </div>						