2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790811

May 01, 2007 90811 Secretary of State

Entity Name: FLORIGOLD GROWERS, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 690152 1991 74TH AVENUE VERO BEACH, FL 329690152 US US VERO BEACH, FL 32966 **Current Mailing Address: New Mailing Address:** P.O. BOX 690152 P.O. BOX 690152 VERO BEACH, FL 329690152 US VERO BEACH, FL 32966 US FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALLACE, CHRISTINE 1991 74TH AVE. VERO BEACH, FL 32966 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition SANDERS, CHARLES M JR Name: Name: 1485 50TH COURT Address: Address: VERO BEACH, FL 32966 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition HAMNER, GEORGE F JR Name: Name: Address: 995 SANDFLY LANE Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: () Delete Title: () Change () Addition SCHIRARD, J. BRANTLEY Name: Name: 1103 TRINIDAD AVENUE Address: Address: City-St-Zip: FT. PIERCE, FL 34982 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GATES, PHILIP C JR Name: 711 S. INDIAN RIVER DRIVE Address: Address: City-St-Zip: FT PIERCE, FL 34950 City-St-Zip: Title: Title: () Delete () Change () Addition EDWARDS, RONALD Name: Name: 536 POINT LN Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORALEE PENABAD, AUTHORIZED REPRESENTATIVE D 05/01/2007

FILED