2005 FOR PROFIT CORPORATION

Feb 03, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F02000003141** 1. Entity Name 02-03-2005 90050 033 ***150.00 FARM INVESTMENTS, LTD., INC. Principal Place of Business Mailing Address PO BOX 27612: SPANISH WELLS PO BOX 27612, SPANISH WELLS JUULUJIT BAHAMAS, BAHAMAS, 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292005 CR2E034 (10/03) Cha-P 4. FEI Number Applied For City & State City & State 02-0540045 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRAIT, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) STRAITRAY CORPORATION 4075 A1A SOUTH STE 200A SAINT AUGUSTINE, FL 32080 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Delete TITLE ☐ Channe Addition SAWYER, FARON S NAME STREET ADDRESS AB 20485 MARSH HARBOUR STREET ADDRESS CITY-ST-ZIP ABACO, BAHAMAS, CITY-ST-ZIP WC ☐ Delete ☐ Change ■ Addition UNDERWOOD, MITCHELL T NAME NAME STREET ADDRESS **ER27458 SPANISH WELLS** STREET ADDRESS CITY-ST-ZIP BAHAMAS, CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition PINDER, ABNER ER 27479 SPANISH WELLS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAHAMAS, CITY-ST-7/P Delete TITLE TITLE Addition NAME ROBERTS, RICHARD W NAME **EL27612 SPANISH WELLS** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAHAMAS. CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITI F

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP 12

TITLE

☐ Change

☐ Addition

FILED