

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90005 019 \*\*\*150.00

<b>DOCUMENT # F02000003141</b> 1. Entity Name <b>FARM INVESTMENTS, LTD., INC.</b>					
Principal Place of Business <b>PO BOX 27612, SPANISH WELLS BAHAMAS,</b>			Mailing Address <b>PO BOX 27612, SPANISH WELLS BAHAMAS,</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>02-0540045</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STRAIT, JEFFREY D STRAITRAY CORPORATION 4075 A1A SOUTH STE 200A SAINT AUGUSTINE, FL 32080</b>				Name <b>Jeffrey D Strait</b> Street Address (P.O. Box Number is Not Acceptable) <b>StraitRay Corporation</b> <b>124 Calle De Leon</b> City <b>Saint Augustine</b> <b>FL</b> Zip Code <b>32086</b>	
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, type, or printed name of registered agent and title if applicable.</small>				DATE <b>1-24-06</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PC SAWYER, FARON S AB 20485 MARSH HARBOUR ABACO, BAHAMAS,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VVC UNDERWOOD, MITCHELL T ER27458 SPANISH WELLS BAHAMAS,</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD PINDER, ABNER ER 27479 SPANISH WELLS BAHAMAS,</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD ROBERTS, RICHARD W EL27612 SPANISH WELLS BAHAMAS,</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1-24-06</b>	
				Daytime Phone # <b>904-777-8779</b>	