2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# F02000004509

Entity Name: SUNSWEET GROWERS INC.

Current Principal Place of Business:

901 N. WALTON AVE
YUBA CITY, CA 95993

New Principal Place of Business:

Current Mailing Address:

901 N. WALTON AVE
YUBA CITY, CA 95993

New Mailing Address:

FEI Number: 94-0360795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 E. SIXTH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	DRISOLL, ARTHUR	
Address:	901 N. WALTON AVENUE	
City-St-Zip:	YUBA CITY, CA 95993	
Title:	T/S	( ) Delete
Name:	SPYRES, ANA	
Address:	901 N. WALTON AVENUE	
City-St-Zip:	YUBA CITY, CA 95993	
Title:	C/D	( ) Delete
Name:	THIARA, GURJEET S	
Address:	P.O. BOX 3686	
City-St-Zip:	YUBA CITY, CA 95993	
Title:	D	( ) Delete
Name:	AMAREL, BOB JR.	
Address:	6368 S. TOWNSHIP ROAD	
City-St-Zip:	YUBA CITY, CA 95993	
Title:	D	( ) Delete
Name:	FAIRBANKS, REN	
Address:	197 CRATER LAKE DR	
City-St-Zip:	CHICO, CA 95973	
Title:	D	( ) Delete
Name:	BILLIOU, MICHAEL J III	
Address:	4290 HIGHWAY 45	
City-St-Zip:	HAMILTON CITY, CA 95951	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: ANA SPYRES T/S 03/11/2009
Electronic Signature of Signing Officer or Director — Date