2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# F85724

Entity Name: DESOTO DAIRY, INC.

Current Principal Place of Business:

2999 S.E. NOTTS RD.
5
ARCADIA, FL 34266 US

New Principal Place of Business:

2999 S.E. NOTTS DAIRY RD.
5
ARCADIA, FL 34266 US

Current Mailing Address:

2999 S.E. NOTTS RD.
P.O. BOX 3514
ARCAIDA, FL 34266 US

New Mailing Address:

2999 S.E. NOTTS DAIRY RD.
ARCADIA, FL 34266 US

FEI Number: 59-2198829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEMONS, EDWINA N.
2999SE NOTTS RD
2999 SE NOTTS RD.
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

CLEMONS, EDWINA N.
2999 SE NOTTS DAIRY RD
2999 SE NOTTS DAIRY RD.
ARCADIA, FL 34266 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: 04/26/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLEMONS, DENNIS C,
Address: 2999 SE. NOTTS RD.
City-St-Zip: ARCADIA, FL 34266

Title: VS ( ) Delete
Name: CLEMONS, EDWINA N,
Address: 2999 SE NOTTS RD.
City-St-Zip: ARCADIA, FL 34266

Title: T ( ) Delete
Name: CLEMONS, TARA,
Address: 2999 NOTTS RD.
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CLEMONS, DENNIS C,
Address: 2999 SE. NOTTS DAIRY RD.
City-St-Zip: ARCADIA, FL 34266

Title: VS (X) Change ( ) Addition
Name: CLEMONS, EDWINA N,
Address: 2999 SE NOTTS DAIRY RD.
City-St-Zip: ARCADIA, FL 34266

Title: T (X) Change ( ) Addition
Name: CLEMONS, TARA,
Address: 2999 NOTTS DAIRY RD.
City-St-Zip: ARCADIA, FL 34266

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS C CLEMONS PD 04/26/2007
Electronic Signature of Signing Officer or Director — Date