


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90041 001 \*\*\*300.00

<b>DOCUMENT # F93000001006</b>	
1. Entity Name <b>KRAUSLAND FARMS, INC.</b>	

Principal Place of Business <b>1525 SOUTH ATLANTA STREET QUINCY, FL 32353</b>	Mailing Address <b>90 SALMON BROOK ST ATTN: CARL MARINO GRANBY, CT 06035 US</b>
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**66006253**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>Attn: Anthony Galici</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03282008 Chg-P CR2E034 (12/06)

4. FEI Number <b>06-1359744</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALICI, ANTHONY		NAME		
STREET ADDRESS	90 SALMON BROOK ST		STREET ADDRESS		
CITY-ST-ZIP	GRANBY, CT 06035		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAAN, GREG		NAME		
STREET ADDRESS	90 SALMON BROOK ST		STREET ADDRESS		
CITY-ST-ZIP	GRANBY, CT 06035		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANZIGER, FREDERICK M		NAME		
STREET ADDRESS	1 ROCKEFELLER PLAZA, SUITE 2301		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10020		CITY-ST-ZIP		
TITLE	AV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLACK, TAMMY		NAME		
STREET ADDRESS	90 SALMON BROOK STREET		STREET ADDRESS		
CITY-ST-ZIP	GRANBY, CT 06035		CITY-ST-ZIP		
TITLE	AV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, STEVEN		NAME		
STREET ADDRESS	90 SALMON BROOK STREET		STREET ADDRESS		
CITY-ST-ZIP	GRANBY, CT 06035		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

<b>SIGNATURE:</b>		<b>4/1/08</b>	<b>860 653-4541</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #