


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90019 007 ***150.00

DOCUMENT # G36230		
1. Entity Name SELWAY FARMS, INC.		

Principal Place of Business 6800 SELWAY STR. YALAH, FL 34797	Mailing Address 6800 SELWAY STR. YALAH, FL 34797
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 491716 Suite, Apt. #, etc.
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City & State	City & State Leesburg, FL	4. FEI Number 59-2293080	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip 34749-1716	Country US

6. Name and Address of Current Registered Agent CYRUS, ROBERT R. 214-A N. THIRD ST. LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELLERS, JOHN G., III 6344 POND APPLE ROAD BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELLERS, JOLYN 6344 POND APPLE ROAD BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SELLERS, JOLYN 6344 POND APPLE ROAD BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELLERS, JOHN GRANT, IV 6344 POND APPLE ROAD BOCA RATON, FL 33433 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>John G. Sellers II</i>	<i>John G. Sellers II</i>	✓ 02-01-06	✓ 352-324-2435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #