2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED 2007 FEB -9 PM 5: 23 **DOCUMENT # G48005** ARCADIA CITRUS ENTERPRISES, INC. SECHE LINE FLORIDA Principal Place of Business Mailing Address 22500 SR 82 P.O. BOX 1289 FORT MYERS, FL 33913 FORT MYERS, FL 33902 CR2E034 (11/05) 01222007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-2324611 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARTHOLOMEW, BRIAN DO NOT WRITE 22500 SR 82 FORT MYERS, FL 33913 IN THIS SPACE 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS MLE POST BARTHOLOMEW, BRIAN NAME 22500 SR 82 STREET ADDRESS 100088218931 02/13/07--01023--008 **300.00 CITY-ST-ZIP FORT MYERS, FL 33913 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE MALE STREET ADDRESS CITY-ST-ZIP MLE. NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS 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 cath; 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 legs expowered.

OF SIGNONG OFFICER OR OFFICTION

Daytime Phone #