2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53985

City-St-Zip:

SEBRING, FL 33872

FILED Feb 19, 2008 Secretary of State

| Entity Nar | me: D&DT | REE FARM & NURSERY, INC. | | | |
|---|---|----------------------------------|--|--|--|
| Current Principal Place of Business: | | | New Principal Place | of Business: | |
| 12165 PAY SEBRING, | /NE RD. FL 33872 | | | | |
| Current Mailing Address: | | | New Mailing Addres | s: | |
| P.O. BOX: LAKE BUE | 22172 ENA VISTA, FI | _ 328302172 | | | |
| FEI Number: | : 59-2524053 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| 13786 BLU | , DARAND JEBIRD PONI JERE, FL 347 | | WILLIAMS, DARAND 2707 REW CIRCLE OCOEE, FL 34761 | US | |
| | named entity of Florida. | submits this statement for the p | urpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUR | RE: DARANI | O WILLIAMS | | 02/19/2008 | |
| | Electro | nic Signature of Registered Age | nt | Date | |
| Election Car | npaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (WILLIAMS, DA 12165 PAYNE SEBRING, FL | RD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | STD (WILLIAMS, JO 12165 PAYNE SEBRING, FL | RD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | VPD (WILLIAMS, DA 12165 PAYNE | | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: DARAND WILLIAMS VPD 02/19/2008